especially,

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PLEASE 1

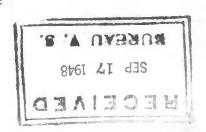
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09270

CEDTIFICATE OF DEATH

| CERTIFICAT | E OF DEATH Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: County Carroll City or town. Henryton. Mary Land. (If outside city or town limits, write RURAL and give nearest town) 6 Days How long in above place of death? 6 Days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution?. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State |
| 3. (a) FULL NAME | 3. (b) Social Security Number 218-09-6674 |
| HORACE ANTHONY 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Male Col/ Widowed | 20. DATE OF DEATH September 14 48 4:30P |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 8 September 14 1948 1948 1948 1948 1948 1948 1948 1 |
| deceased (mo., day, yr.) June), 1901 | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day 4.7 3 9hrsmln. | Pulmonary Tuberculosis November |
| 9. Birthplace Scotland Neck, N. Carolina (Town, eounty, and state) 10. Usual occupation Laborer 11. Industry or business Edward Anthony 12. Name Scotland Neck, N. Carolina | Bue to Bither conditions (Include pregnancy within 3 months of death) |
| 14. Malden name Maggie Stevens Scotland Neck, N. Carolina | Major fiediogs of operations. Date of op. |
| 16. InformantDeceased | Autopsy resolts |
| Address 17 | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Address / 303 / Leastone 28. 19. Sept. 14 19. 48 Allest Social Registrar (Date rec'd by registrar) Deputy Local Registrar | 23. SIGNATURE Leclien Boffman, M. D. or other Address Henryton, Maryland Date signed 9/1/48 |



2411 N. Charles St., Baltimore

| CERTIFICA | ATE OF DEATH Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH COUNTY COUNTY | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhorn mants give residence of mother) |
| 1 1 1 1 1 1 1 1 | State County A |
| (If outside city or town limits, write RURAL and give negret town) | City or town Ballynna |
| How long in above place of death? | (If outside cits or town limits, write libits, and give nearest town) |
| Hospital, institution, or street addioss where death securred. | Street No. 9 3 9 May July and |
| Sprang filled and hat the hatter | (If purel, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME alice John | ia arthur 3. (b) Social Security Number |
| 4. Sex 5. Color or raco 6.(a)Singla, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Wy Wighrigh | 20. DATE OF DEATH SLAFF 19 48 -10" |
| 6.(b) Name of husband or wife the arthur | 21. I CEBJIFY that doubt necurred on the date above stated: (that i attended deceased from |
| | 19 10 July 19 7 |
| 7. Birth data of | and that I last saw he alive on 19,00 |
| deceased (mo., day, yr.) | Immediate cause of death DURATION |
| 6. AUL. | and the state of t |
| 89 7 7 Ahrs. Q | min. Cerebral Sharpage Olle |
| 8. Sirthpiace Spages Styre MAS: | Duo to A |
| S. Birthpiace (Toyn, county, and state) | Jew Willy fellower O |
| 1D. Usual occupation | Due 10. |
| 11. Industry or business | Jullenson ! |
| = 12. Namo Levis Supiler | Dither conditions |
| 12. Namo Alas Superiores 13. Birthplace | |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden namo 15. Birthplace 15. Birthplace | Major findings of operations. |
| 2 15. Birthplace / Blomany | Date of op. |
| Andrew Charlette Much | Antoney results |
| 9/1/12 | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Altrois J- Fray green wax Dur | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| Dato thereof (reapth) (day) (veer) | Accident, suicide, or homicide |
| (Burlai, eremation, or removal. | |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) |
| Location Hage fam Mary lands | tnjured at home, farm, Industry, public placo (where?) |
| HALL DE NOOD. | Means of injury Injured at work? |
| 18. Funeral director | W/ 4/ 1 - Com |
| Address Layerman Mary and | 23. SIGNATURE DE LA COLLARA DE |
| Self 1 1. 48 P X/mer /sleen | M. D/or other |
| (Dato ree'd by registrar) Regist | trar Address / / / / / Address / / Date signed / / |

FOR BINDING MARGIN RESERVED WRITE PLAINLY, WINE UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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VS

PLEASE

BOARD TO AN PART OF THE STATE OF MANY TEAM

SLP 8 1948
BUREAU V. S.

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WRITE PLAINLY is especial

PLEASE

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

CERTIFICATE OF DEATH

| 1 | | | | | Rog. Dist. 1101 | |
|---|----------------------|---------------|-----------------------------------|---|---|------------------|
| 1. PLACE OF DI | EATH: | | | 2. USUAI. RESIDENCE (HOME) OF | DECEASED: | |
| County | | | | (For pewhorn infants give residence of r | | |
| City or town He nry ton, Maryland (If outside city or town limits, write RURAL and give nearest town) | | | | State Maryland Coun | Hy | |
| (11) | outside city or town | davs | RURAL and give nearest town) | City or town Baltimore -2- | | |
| How long in above place of death? 24 days Hoppital, Institution, or street address where death occurred: | | | | | | |
| | | | atorium | Street No. 131 Preston Street | | |
| | 4010 | ared har | anch Hanneton Ma | (If rural, give | | |
| | OI [#311[U150#1; | | | 2.(a) If veteran, name war | *************************************** | |
| 3. (a) FULL NAM | 1E | | | | 3. (b) Social Security | Number |
| | CALDY | ŒLL BA | DA | | 223-18-99 | 86 |
| 4. Sex | 5. Color er race | | io, married, widowed, or divorced | MEDICAL CE | RTIFICATION | |
| 31.7. | 0.7 | 00 | nomo to d | Contombon 06 | 1 0 | |
| Male | Col. | 1 56 | parated | | | |
| 6.(b) Name of husband | d or wife Maly | Bady | | 21. I CERTIFY that death occurred on the date above | e stated; that f attended dec | |
| | | | e) If alive, give ago | September 2 | | er 2619 48 |
| 7. Birth date of | | | | and thal I last saw h im alive on Sept | ember 26 | 19.48 |
| deceased (mo., day, | | per 2, | | Immediate cause of death | | |
| 8. AGE: Year | rs Monthe | Daye | If lees than one day | Pulmonary Tuberculosi | S | Merch |
| 45 | 9 | 24 | | | 1444 | 1948 |
| St | aunton, Vi | rginia | | Busha | | |
| 8. Birthplace | (Town | , eounty, and | atate) | Oue to | | *** |
| 10. Veual occupation. | Handyman | | | | *************************************** | *** |
| | | 4- | | Oue to | | ••• |
| 11. Industry or busine | | | | | | |
| | | 7 | | Other conditions | *************************************** | |
| | Virginia. | | | finclude pregnancy within 3 m | | |
| 14. Maiden name | Sarah Fra | inces M | iller | | | |
| 10 | Virginia | | | Major findings of operations | | |
| ≥ 1 15. Birthplace | 5 | | | | Date of op | |
| 16. Informant De | eceased | | | Actorsy results | | |
| Address | | 41 | | PHYSICIAN: Please underline the cause to whi | ch death should he charged | d atatistically. |
| 15 | 1 | | 9/20/40 | 22. VfOLENCE: If death was due to external cause | es, fill in the following: | |
| 17. Sull | n, or removal, Which | Date ther | (month) (day) (year) | Accident, suicide, or homicide | Dale of | |
| Mr + A . Park. | | | tan — | Where did injury occur?(City or town) | | |
| Cemetery or cremat | gry See | g som vo | Dr | (City or town) | (County) | (State) |
| Location | allen | e c | my- | fnjured al home, farm, industry, public place (who | ere?) | |
| 1B. Funeral director | ser. | 95 | Colson | Meene of injury | Injured at work? | |
| 1.1 | 12 N | +1 | 1+ | | 0.0 | ~ |
| Address / G 6 | o pres | sum | un pri | 23. SIGNATURE / Cele See D | Houge ? | $n \cdot 1$ |
| . Sept. 26 | 5 48 | alle | + R. Sungall | 1 | М. D. | or other |
| (Date rec'd by r | egistrar) | Deputy | hocal Registrar | Address Henryton, Maryland | Dato signed | 9/26/12 |

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SEP 30 1948

BUREAU V. B.

| MARGIN RESERVE | PLEASE WRITE PLAINLY, WITH WEFADING INK. Supportant. Physicians: please |
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| | AINLY, |
| 9-45-15M | WRITE PL |
| VS A15 | PLEASE |

| MARYLAND | STATE | DEPARTMENT | 0F | HEALTH | |
|----------|-------|------------|----|--------|--|
| | | | | / | |

09273

birth date shown on: 2411 N. Charles St., Baltimore

Evidence for diange of

| Reg. Dist. | No7.4 | |
|------------|-------|--|
|------------|-------|--|

| Billian tien. C | | | | | Keg. Dist. Ho., | |
|--|-------------------------------------|-----------------|--|-----------|---|-------------------------|
| 1. PLACE OF DEATH: County Carroll City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 29 days | | | | | | |
| Hospital, Inetilution, or | street address where | death occurred: | | | 915 W. Fayette Street | |
| Maryland T | uberculosi | s Sanat | orium | | (If rural, give LOCATION) | / |
| How long in hospital o | r Institution?Co.l.o | red bra | nch, Henryton | ı, ivid. | 2.(a) If veteran, name war | У |
| 3. (a) FULL NAM | EVELYN B | ARNES | | 91 | 3. (b) Social Securi | ty Number |
| 4. Sex | 5. Color or race | | married, widowed, or divorced | | MEDICAL CERTIFICATION | |
| FEMale | Col | l Ma | rried | | 20. DATE OF DEATH, September 14 19.48 | 3 ,10:00 A |
| 6.(b) Name of hueband | ••••• | B.(c) | nes | years | 21. I CERTIFY that death occurred on the date above stated; that I aftended d August 16 19.48 16. Septemble and that I last saw h. er. alive on September 14. | per 14 ₁₉ 48 |
| deceased (mo., day, | yr.) May 2. | r, Thoo | 1910 | | Immediate cause of death | |
| 8. AGE: Year 32 | Months 4 | Daye 24 | If leee than one day | min | Pulmonary Tuberculosis | November |
| 9. BirthplaceBa. | ltimore, Ma (Town, Housewife. | eryland | | | Due fo | |
| 質 12. Name Un | known nknown | | | | Dither conditions | |
| 14. Malden name | Elizabeth Virginia | Parker | | ********* | (Include pregnancy within 3 months of death) Major findings of operations | |
| | ceased | | | | Antopsy results | |
| Address 17 | altino | مينا. | land (day) (ye landan Mulham Landan | 948 d | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | (State) |
| 19. Sept. 1 | 41948 | all | M. San | Legistrar | Address Henryton, Maryland Date sign | |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09274

| Reg. Dist. No. 74 | | | | | |
|-------------------|--|--|--|--|--|
| EASED: | | | | | |
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| | | | and the same of th | | | |
|--|------------------------------|-----------|--|-------------------------------------|--|---|
| 1. PLACE OF DEAT | | | | 2. USUAL RESIDENCE (He | OME) OF DECEASED: | |
| County Carroll | | | State Maryland County | | | |
| City or town Sykesville | | | | | | |
| How long in above place of | death? 4 ye | ars, l | 1 months, 3 days | City or town Baltimor | or town limits, write RURAL an | d give nearest town) |
| Hospital, Inelilulion, or etr | | | | Street No3211 Belai: | r Road | *************************************** |
| | | | al | | if rural, give LOCATION) | |
| | slitution?43 | ears, | 11 months, 3 days | 2.(a) If veteran, name war | | × |
| 3. (a) FULL NAME | | | | | 3. (b) Social | Security Number |
| BENDT, Jo | ohn BEN | /DT | | | | |
| 1. Sex MALES | . Color or race | | e, married, widowed, or divorced | MED | ICAL CERTIFICATI | ION |
| male '" | white | marr | led | 20. DATE OF DEATH Septer | mber 14 | 14.8 20 2 |
| | | | | 21. I CERTIFY that death occurred o | | |
| | | | | September 1 | | |
| 7. Birlh date of | | | c) If alive, give ageyears | and that t last eaw himalive | September | 19.48 |
| deceaeed (mo., day, yr.) | A ST. III TO A ST. III A ST. | | | Immediate cause of death | | DURATION |
| 8. AGE: Years | Monthe | | If lese than one day | Bronchopneumor | nia | l wk. |
| 65 | 9 | 27 | hremin. | , | | *************************************** |
| 9. Birlhplace Baltimore Maryland (Town, county, and atate) | | | Due to | | | |
| | | | | | | |
| 1D. Ueual occupation. Merchant. | | | Due to | | | |
| 11. Industry or busineee | | | | | | |
| | | | | Other conditions Psychos | | 1 5 yrs. |
| 13. Birthplace Ge | rmany | | | arterios | sclerosis | |
| # 14. Maiden name | Louise B | ender | | Major findings of operations | | |
| 15. Birthplace | Germany | | | Major hadiags of operations | | |
| | | ni nafi | eld St. Hospital | Autopsy results Bronchop | neumonia | |
| | - | | | PHYSICIAN: Please underline the | e cause to which death should h | e charged statistically. |
| Address Sykes | | | | 22. VIOLENCE: It death was due t | fo external causes, till in the follow | wing; |
| 17. Guis (Burial, eremation, or | al | Dale ther | entaleful 7 948 (month) (day) (year) | Accident, eulcide, or homicide | | |
| | | | (month) (way) (year) | Where did Injury occur? | | y) (State) |
| Cemelery or crematory | | | · > 1 | | | |
| Location | Jam | | e, Ms. | Injured at home, tarm, Industry, pu | | |
| 18. Funeral director | 14 14 | Vitzs | L. | Maane of Injury | Injured at | work? |
| Address / fall | ins y & | ilm | on Sto Balto, | March | asin For | n h D |
| 5.1.1 | W .16 | 0 | Harry Heer | 23. SIGNATURE Martin | Gross, M. D. | M. D. or other |
| 19. (Date ree'd by regist | # 19.48. | 9 | Registrar | Address Sykesville, | Maryland | ate signed 8/14/48 |
| (| | - | | | U | |



| M | |
|-----|--|
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| 9-4 | |
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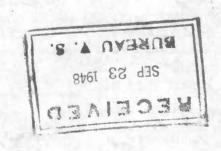
A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09275

| CERTIFICAT | TE OF DEATH Reg. Dist. No. 24 |
|--|--|
| 1. PLACE OF DEATH: County City or town. (Southing city or town I pure write RURAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State |
| How long in above place of death? Hospital Institution, or street address there death sourced to the control of the control o | Street No. (If rural, give LOCATION) |
| How long in hashird or institutions | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME UMA Blanch | e Berlin 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| J. H Jungle | 20. DATE OF DEATH SLAFE 19 45-21 43 0 |
| 6.(b) Name of husband or wife. | 21. I CERTIFY that death occurred on the date above stated; that I ditended deceased from |
| 7. Birth date of | and then I last saw h |
| deceased (mo., day, yr.) 8 A.G.E. Years Months Days 11 tess than one day | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Right Pulmmary embolism ? 106 |
| 9. Birtholace | Oue to. |
| 10. Usual occupation | sepue claverius |
| 11. Industry or Justness? A uper been | Due to |
| E 12. Name LIM as Relien | Other conditions |
| 13. Birthplace | |
| 14. Maiden name Julie Kiph. | (Include pregnancy within 3 months of death) |
| | Major findings of operations. |
| E 15. Birthhalace | Date of op. |
| 16. Informaged | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address / 3 2 W Jayllon Dalin | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year) | Accident, suicide, or homicide |
| Cometery or crematory of fring field Hood Pean. | Where did injury occur? |
| Location Augustille, mil. | Injured at home, farm, industry, public place (where?) |
| | Means of injury thijured at work? |
| 18. Funeral director | WX X - mm |
| Address Aughtewille, Mel. | 23. SIGNATURE STATE OF STATE O |
| 19. Chargastrar) 19. H.S. C. Harry West | Address 14 perule mate signed 8/4 |



VS A15 9-45-15M PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 8

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| County Carroll | (For newhorn infants give residence of mother) |
| City or town MA Alexand write RURAL and give nearest town) | State Maryland County Carkell |
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | City or town. Madded to the companies, write RURAL and give hearest town) |
| Hospital, Institution, or street address where death occurred: | |
| | Street No |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Surie Ellen Burely | a none |
| 4. Sex 5. Color or race 6.(a) Single, married Aldowed, or divorced | MEDICAL CERTIFICATION D |
| female white single | 20. DATE OF DEAT 19.48 \$ 12.55 M |
| | 21. I CERLIFY that death occurred on the date above stated; that (allended decoased trop) |
| 6.(b) Name of husband or wife | Contrat on State 19th & |
| 7. Birth date of 2 1921 | and that I last saw It. A alive on |
| R. A.G.E.: Years Months Days If less than one day | Immediate cruse of death |
| 72 0 10 | |
| | governma of |
| 9. Birlhplace Middleburg Maryland (Town, couldy, and state) | Due VIII STATE |
| 10. Usual occupation. Hamalake parl | |
| 11, Industry or business | Due to |
| A 12 / 1 | 753 |
| 12. Name Francis J Birely 13. Birthplace Marisland | Other conditions |
| | (Include pregnancy within 3 months of death) |
| | Major fiedings of operations |
| E 15. Birthplace Maryland | Date of op |
| 16. Interment Fowell M. Burely | Autopsy results |
| Address Union Bridge, "Md | |
| 11. (Burial, cremation, or removal, Which?) Date thereof. Sifet 4-19 49 (nonth) (day) (year) | 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide |
| Cemetery or crematory Mt Union | Where did injury occur? |
| 11. A. J. med RIV | Injured at home. tarm, Industry, public place (where?) |
| Location Millian Drudge Millian III | Means of Injury Injured at work? |
| 18. Funeral director A. D. Marian Mar | 2 () 2 () |
| Address, Bridge & New Wyndson, Ma | 23. SIGNATURE J. J. C. MUSCLEM M.V. |
| sept-2 148 Wichman | M. D. of ther 7 |
| (Date fee'd by registrar) Registrar | Address Addres |



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The Test

4 2 40 42 4 44 44

Charles St., Baltimore

... years

| | | | MARYLAND |
|---|-------------------------|--------------------|--|
| THU No. | 0 11- | | CER |
| 1. PLACE OF D | G 117 | SEP 30 | 1948 |
| County Carro | LAIN: | | |
| | ryton, Mary | land | |
| How long in above place | / 10 | ours. Z | 5 minutes |
| Hospital, Institution, o | or street address when | e death occurre | d: |
| Maryland | Tuberculo | sis San lored E | |
| How long in hospital | Of Mathematical Control | Toled E | r nen |
| 3. (a) FULL NAM | | | 100 |
| | Ohpeli | a Black | |
| 4. Sei | | a.(a)Sing | ta, merried, widowed, o |
| female | Col. | | UNK. |
| 6.(b) Name of husban | d or wife | | |
| orfo) wame or unebau | 4 01 WIIE | ••••••• | (c) If alive, give age |
| 7. Birth date of deceased (mo., day, | wr) | 1910 | (-7 vi mito, gito ege |
| 8. AGE: Yea | | Daya | tf leas than one of |
| 3 | 8 | 6 | hrs. |
| 9. Sirthplace | UNK | | |
| 5. Girinpiace | (Tow | n, county, and | state) |
| 10. Usual occupation | ואט | <u> </u> | |
| 11. Industry or busine | esa | | |
| 12. Name | UN | K | |
| | <u> </u> | | |
| 14. Maiden name | 1.1.0 | 16 | |
| 15. Birthptace | | | |
| 18. Informant | LAR | W. | |
| Address | 0.1 | 11. | |
| Address . | 10-11 | | . (101) |
| (Harrist, crematio | n, or removal. Which | Date the | (month) |
| Cemetery or crema | lory | 2, 1 | |
| Location | man Minis | 1/6 | 200 |
| 18. Funeral director. | | iv) | The state of the s |
| Address, \ | X Win | 1 had | 01.00 |

| CAT | TE OF DEATH | Reg. Dist. No74 |
|-------|--|---|
| | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give realdance of m | |
| n) | State Maryland Councille City or tonn Baltimore, 17 (If outside city or town limits, | • |
| ••••• | Street No. 1525 Riggs Avenue | |
| | 2.(a) if veleran, name war | У |
| | | 3. (b) Social Security Number |
| | MEDICAL CE | RTIFICATION |
| | 20. DATE OF DEATH September 5, | 19.48.,e16:30 A |
| | 21 I CERTIEV that death arguing on the date show | a stated: that I attended deceased from |

| and that I last saw her alive on September 5. | 1848 |
|---|---|
| Immediate cause of death | DURATION |
| Pulmonary Tuberculosis | Unknown |
| | ******************** |
| Due to | *************************************** |
| Due to | *************************************** |
| | |
| Other conditiona | |
| (Include pregnancy within 3 months of death) | |
| Majer fiediags of operations. | |
| | |
| Autupsy results PHYSICIAN: Please underline the cause to which death should be charged | statistically. |

19. September 5, 18 48 allowst.

Registrar Address Henryton, Maryland

Accident, suicide, or homicide.....

Injured at home, farm, Induatry, public place (where?)

22. VIOLENCE: If death was due to external causes, fill in the following:

injured at work?

TO BE STOLD THE REAL PROPERTY OF THE PERSON.

THE STATE OF STATE OF STATE

March Shipen West a

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1948

WRITE

PLEASE

VS A15

RESERVED FOR BINDING MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

832

| CERTIFICAT | E OF DEATH Reg. Dist. No. |
|--|--|
| 1. PLACE OF DEATH: County County | 2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) |
| City or town | City or town (Toutside rine or town limits, write ALACAL and give percet town) |
| Hospital Institution, or street affress where teath scotting the South | Street No.2 3 0 (If rural, give LOCATION) |
| How long In hospital of Institution? | 2.(a) t1 veteran, namo war. |
| 3. (a) FULL DAME | Blundon 3. (b) Social Security Number |
| 4. Set S. Color or race 6.(a) Single/married, will bewed, or divorced | 2B, DATE DE DEATH. STA 1947 21 230 % |
| 6.(b) Namo of husband or wife Kulliann & Blumbo | 21. I CERTIEF that deeth occurred on the date above eteted: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) | and that I lest yow h La live on 194. |
| 8. AGE: Years Bonths Days It less than one day | Cerebal Hemman Inh |
| 9. Sirthplace | Duo to. |
| 10. Usual occupation | Duo to Men Jelenne |
| 12. Name 12. | Other conditions |
| E 14. Malden news miliaryla or prignis | (Include prespancy within 3 months of death) Major findings of operations. |
| 16 Airthplace | Autopsy results |
| 2 removal Bate thereon Sungs | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. YIOLENCE: tt death wes due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Cemetery or crematory Silver Symmetry Med. | Where did injury occur? (City or town) (County) (State) |
| Location | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Warner E. Punyshrey Inc. | Means of Injury Injured at work? |
| Address 8434 As. ave. S.S. Md. | 23. SIGNATURE MOST of other |
| 19. Hard College (Ogfo ree'd by registrar) | Addres Sy Blessell De Date Signed of Sy |

MINISTER OF THE STATE OF THE ST

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SEP 8 1948
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

| | | | | CATE OF DEATH Reg. Dist. No |
|--|----------------------------------|---|--|---|
| 1. PLACE OF DEA | | | All the set of the set | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| | ton Mary tside city or town i | land imits, write i | RURAL and give nearest town | State Maryland County Anne Arundel Annapolis City or town (if outside city or town limits, write RURAL and give nearest town) |
| | uberculos | is Sana | torium anch,Henryton, | Street No. 55 Spar Road (If rural, give LOCATION) 2.(a) 11 veteran, name war. |
| 3. (a) FULL NAME | MARTON F | ROOTH | | 3. (b) Social Security Number |
| 4. Sex | 5. Color or race | | e, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female | Col. | Sir | ngle | 20, DATE OF DEATH. September 20 19. 48 31 7:14 |
| 6.(b) Name of husband o | r wife | | | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 25 19.46 to Sept. 20 19. |
| 7. Birth date of deceased (mo., day, yr. | Nove | ember 2 | c) If alive, give age | and that I last eaw h.eralive on September 20 |
| 8. AGE: Yeare | Monthe | Days 28 | If lese than one day | Pulmonary Tuberculosis May |
| 10. Veual occupation 11. Industry or business | None (Town, | *************************************** | | Due 10 |
| 12. Name Rev. | Herbert. | Booth | | Other conditions |
| | | | 7.0 | '(Include pregnancy within 3 months of death) |
| 14. Maiden name | Maryland | yers | , , , , , , , , , , , , , , , , , , , | Major findings of operations |
| Mothe | er- Mrs. A | manda | Booth | Date of op |
| 10. 11110111121111 | | | is, Maryland | PHYSICIAN: Please underline the cause to which death should be charged aintistically. |
| 17. Besser | al. | Bate the | 10-12111 | 22. VIOLENCE: If death was due to external causes, fill in the following: Date of |
| Cemetery or crematory | | ier i | 1 . 1 1 | Where did injury occur? (City or town) (County) (State) |
| Location Asse | napo | les, 7 | maylan | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director | fille | any | Teles II | Means of Injury Injured at work? |
| Addrese /885 | Vashi | ~ store | vst. anna. | nd. 23. SIGNATURE / Calcer ND Garage M. D. or other |
| 19. Sept. 20 (Date ree'd by regi | 19 48 atrar) | Deputy | Local | Henryton, Maryland Bate signed 9/20/ |

BINDING

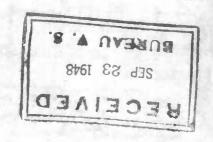
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| , | PLAINLY, |
| 9.45.15M | WRITE |
| News of the last o | EASE |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09279

| | | No.7J | |
|------|-------|----------|--|
| Reg. | Dist. | No. L.W. | |

| ODITI I TOTA | Reg. Dist. No. / |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State // / / / / / / / C. County // City or lown / / / / / / / / / / / / / / / / / / / |
| alletta B. Brehm | none |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Manuel. 6.(b) Name of husband or wife William 5, Brehm. | MEDICAL CERTIFICATION 2D. DATE OF DEATH |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Year Months Days If less than one day | and that I last saw of Jalive on Suff 20 19.48 Immediate range of Jeath August Concessions of Superior Parkets (Superiors) |
| 8. Sirthplace Mestaministic Med A D # 44 (Town, county, and state) 10. Usual occupation Management | Oue 10 January Caramania Doreast ? |
| 11. Industry or bysiness 12. Name 13. Birthplace Muy Cyny | Diher conditions. (Include pregnancy within 3 months of death) |
| 14. Maiden name Elizabeth Dashi 15. Birthplace Mary Parel 16. Informant Millian Brehm | Major fiedings of operations Transacy Calendary Color of op. 1-1-47 |
| Address Munchester, 7946 17. Burial, cremation, or removal. Which?) Date thereof Sun. 24, 1948 (month) (day) (year) | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Complete Westminster 4. Ind. | Where did injury occur? |
| 18. Funeral director A Bankard Hon | Means of Injury Injured at work? |
| Address Celestracionestes, Md. 19. Sept. VI 1948 Hrs. A. P. S. Deuree (Date rel'd by registrar) (Date rel'd by registrar) (Registrar) | 23. SIGNATURE FOR E Just M. D. or other Address Naufslind Medical signed 9/21/48 |

SEP 25 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 74

| 1. PLACE | | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residenes of mother) | | |
|---|---|-----------------|----------------|--|---|------------------|--|
| County Carroll | | | | | M73 | | |
| City or town Henry ton, Mary land (If outside city or town limits, write RURAL and give nearest town) | | | imits, writs R | URAL and give nearest town) | Raltimore | | |
| | | | | nth 3 days | (If outside city or town limits, write KUKAL and give no | eorest town) | |
| | Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Samatorium | | | | Street No. 291 N. Exeter Street | | |
| 12012 y 110 | | Col | ored Br | anch, Henryton | (If rural, give LOCATION) | | |
| | a man in a second second second | ititution? | | | · · · · · · · · · · · · · · · · · · · | | |
| 3. (a) FUL | L NAME | | | | 3. (b) Social Security | Number | |
| | 1 | | elita D | | | | |
| 4. Sex | 5 | . Color or race | 6.(a)Single | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Fe | male | Col. | Sin | gle | 20, DATE OF DEATH. September 21 19.48. | at 4:40 P | |
| | | | re Ball | | | | |
| | | | | | August 18 40 /7 to Septemb | | |
| 7. Birth date o | f | | | e) If alive, give age | years and that I last saw h er alive on September 21 | | |
| | no., day, yr.) | July : | 1, 1933 | manus , and the same of the sa | Immediate cause of death. | | |
| 8. AGE: | Years | Months | Days | If less than one day | Pulmonary T uberculosis | | |
| | 15 | 12 | 20 | hrs. | . min. | 1946 | |
| 0 Blathalass | Balt | timore, 1 | Marylan | d | Rue to | | |
| | | | | itate) | | | |
| 10. Usual occ | upation | Scholar | •••••• | | Que to. | | |
| 11. Industry o | r business | | | | DUC 10- | | |
| | | ian Davis | 3 | | | | |
| 13. Birthi | | Carolina | | £ *- | | | |
| - | | | | x = 1.10 x 3.10 | (Include pregnancy within 3 months of death) | (0) | |
| HE 14. Maid | en name | | | | Major findings of operations | | |
| ₹ 15. Birth | place | Baltimore | e, Maryl | and | | | |
| 16. Informant | | Deceased | 1 | ***** | Actopsy vesolts | | |
| | | | | | PHYSICIAN: Please underline the caose to which death should be charge | d statistically. | |
| Address | | | | 1011214 | 32. VIOLENCE: It death was due to external causes, fill in the following: | | |
| 17. Buriol | remation or | removal, Which | Date ther | eoi(month), (day) (yeor | Accident, suicide, or homicide | | |
| | r crematory | - 1 1 | ales | On You | Where did Injury occur? (City or town) (County) | (04-4-) | |
| Gemetery 0 | crematory | 1- 0 | 7 | 2 10' | | (State) | |
| Location | John | 50KK | and | my | Injured at home, farm, Industry, public place (where?) | | |
| 18. Funeral d | irector | Devy | 0 a |) flor | Means of Injury Injured at work? | | |
| Address | 100 | 0 / | Bae, | Brankley | 193 SIGNATURE / Car Son Morray m | . D. | |
| Sep | t. 21 | 18 | 1111 | et R. June | M. D | or other | |
| 19 | 'd by regist | 19. 48 (rar) | Deputy | LOCA Regi | strar Address Henryton Mary Land Date signed | 9/21/48 | |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

| County | | | | (For newhorn infants give residence of mother) | | | |
|--|--------------------------|------------|----------------------------------|---|--------------------|--|--|
| | | | | State Maryland County Howard | | | |
| | | | 7 days pital | | | | |
| How long in hospitat o | or Institution?911 | onths, | 17 days | 2.(a) tf veleran, name war | | | |
| 3. (a) FULL NAME | | | | 3. (b) Social Security 1 | Number | | |
| DeLash | mutt, Char | les Ed | ward | | | | |
| 4. Sex | 5. Color or race | 6.(a)Singi | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | | |
| male | white | m | arried | 20. DATE OF DEATH September 20 19.48 | 3:15 F | | |
| Born 9 | /12/1889 | | DeLashmutt | 21. I CERTIFY that death occurred on the date above stated: that I attended decee March 29 18.48 to September and that I last saw h im alive on September 20 | sed from 2Q. 48 | | |
| deceased (mo., day, yr.) May 15, 1883 | | | | Immediate cause of death Bronchopneumonia | | | |
| 1D. Usual occupation. | Merchant a | nd post | yland Hete) tmaster | Due to | | | |
| | anklin Dil Frederick, | | shmutt | Dther conditions Psychosis with cerebral arteriosclerosis. (Include pregent by which the death) | 10 yrs. | | |
| 14. Maiden name Martha Davis 15. Birtholace Frederick, Maryland 16. Intermant Records of Springfield St. Hospital Address Sykesville, Maryland 17. Burial Date thereof 9-23-48 (Burial, exemption, or removal, Which?) Cemetery or crematory. Oak Grove | | | | (Include pregent cy washing the death) Major findings of operations | | | |
| | | | | Autopsy vesults PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: | | | |
| | | | | Accident, suicide, or homicide | (State) | | |
| | | vard C | o. Md. | Injured at home, tarm, todustry, public place (where?) Meens of injury to the total at work? | | | |
| 18. Funeral director | | | | 23. SIGNATURE Martin Gross, M. D. M. D. | m.D. | | |
| | | | | Martin Gross, M. D. M. D. C. Marvland Date signed. | | | |

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SEP 24 1948

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

09282

CERTIFICATE OF DEATH

| r . | Diat. | No. | | 74 |
|------------|-------|-----|------|----|
| | | | | |

| / | | | CERTITI | CAI | Reg. Diat. No | | |
|--|------------------|-------|----------------------------------|-------|--|---------------------------|--|
| 1. PLACE OF DEATH: County Carroll Henryton, Maryland | | | | | 2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) Stete Maryland County | | |
| (If outside city or town limits, write RURAL and give nearest town) 2 MONTHS 28 days How long in above place of deeth? Hospitel, Institution, or effect eddress where deeth occurred: | | | | | City or town Baltimore-1- (If outside city or town limits, write RURAL and give nearest town) 625 W. Biddle Street | | |
| Maryland Tuberculosis Sanatorium How long in hospitel or institution? Colored Branch, Henryton, Md. | | | | | (If rurol, give LOCATION) 2.(a) It veteran, name wer | | |
| 3. (a) FULL NAME | | BUS D | CKENS | | 3. (b) Social Security 229-18-14 | | |
| 4. Sex | 5. Color or race | | e, married, widowed, or divorced | | MEDICAL CERTIFICATION | | |
| Male | Col. | S: | ingle | | 20. DATE OF DEATH September 7 19.48 | 1:20A. | |
| | | | | | 21, I CERTIFY that deeth occurred on the dete above steled; that I attended dec June 10 | er 7 1948 | |
| 7. Birth date of | | 5.1 | c) It elive, give age | years | and thet I leet eew h im alive on September 7 | 1948 | |
| deceeeed (mo., day, yr |) Uctober | 3, 10 | 920 | | Immediata cause at death | DURATION | |
| 8. AGE: Yeere | Monthe as a g | Daye | - It teee than oos day | | Pulmonary Tuberculosis | | |
| 27 | 11 | 4 | hre | min. | | 1948 | |
| Petersburg, Virginia (Town, county, and state) Truck Driver 10. Usuet occupation | | | | | Due to | | |
| | | | | 1 | Dther conditions | | |
| M To a To | | | | | (Include pregnancy within 8 months of death) | | |
| 14. Maiden name | Jnknown | | | | Major fiedings of operations | | |
| 16. Informant Deceased | | | | | Actopsy results | | |
| Address 17. Location Comments of Comments | | | | | 22. VIOLENCE: It deeth was due to externel ceueee, fill in the tollowing; Accident, eulcide, or homicide | | |
| Address 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | , 2 or other 9/7/48 | |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(DST)

since 8/24 1948

known since 8/24/48

| | | | 0211111011 | | | Reg. Diat. No | |
|--|--|-----------------------|----------------------------------|---|--|--|---------------------|
| 1. PLACE OF D | EATH: Carroll | | | (For newhorn | ENCE (HOME) OF | nother) | |
| City or town (17 How long in above play Hospital, Institution, Springfi How long in hospital | Sykesville contained of the contained of | ays leath occurred | URAL and give nearest town) | Cheel No. | | | areat town) |
| 3. (a) FULL NAM | ME ILLA ELLWOOD | | | | | 3. (b) Social Security | Number |
| 4. Sex | 5. Cotor or race | | e, married, widowed, or divorced | 2D, DATE OF DEATH | C-04 | RTIFICATION | (DS) 7:25 A |
| 6.(b) Name of husban 7. Birth date of deceased (mo., day | Namela C | | e) If alive, give ageyears | Augu | st 24 19 er alive on Se | e stated; that I attended dece 48 _{to} Septemb eptember 7 | er 7 19 48 |
| 8. AGE: Yea 57 | | Days 5 | If tess than one day | Myocardi | tis with myo | cardial degen | known since 8/2 |
| 9. Birthplace West Virginia (Town, eounty, and state) 10. Usual occupation Housekeeper 11. Industry or business 12. Name Franklin Ellwood 13. Birthplace Ireland 14. Maiden name Nellie Catterton 15. Birthplace Kentucky 16. Informant Record, Springfield State Hospital Address Sykesville, Maryland 17. (Hurish cremation, or retown Which?) Cemetery or crematory Company Compa | | | | Due fo | | | |
| | | | | Other conditions P.s. arter: (Inc. Major findings of open | Sychosis with iosclerosis under pregnancy within 3 m erations. | onths of death) | known si 8/24/48 |
| | | | | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide | | | |
| | | | | | | | Location |
| 19. (Data rec'd by | registrar) 19.4.8 | | Registrar | Address Sykes | ville, Maryl | and | 9/7/48 |

FOR BINDING RESERVED MARGIN NFADING INK. Supply every item of information carefully. The correct age nt. Physicians: please write the causes of death clearly and legime.

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ADING INK Physicians:

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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Carrol County.... Carroll Maryland Myers District, Westminster R.D. 2 (If outside city or town limits, write RURAL and give nearest town) Myers District (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: Westminster R.D.2 (If rural, give LOCATION) How long in haspital or institution? 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number Orestus Wilson Feeser None 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION Male White Widowed 20. DATE OF DEATH September 22 21. I CERTIFY that death occurred on the date above stated; that I affended deceased from Isadore Kump Feeser Dead 7. Birth date of November 1867 deceased (mo., day, yr.) It less than one day Months 8. AGE: Years 80 Carroll County, Md. (Town, county, and state) Farming to. Usual occupation ... Farm tt. industry or business Jacob Feeser t2. Hame Carroll County, Md. 13. Birlholace (Include pregrancy within 3 months of death) 14. Maiden na 15. Birthplace Elizabeth Myers 14. Maiden name. Carroll County, Md. 18. Intermant PHYSICIAN: Please underline the cause to which death should be charged statistically Westminster. Md. Address 22. VIOLENCE: It death was due to externat causes, fill in the tollowing: 9/25/48 (month) (day) (year) Burial Date thereot... Accident, suicide, or homicide. Cemetery or crematory St. Marys Union Cemetery Where did injury occur? (County) (State) (City or town) Silver Run .. Md. Injured at home, farm, industry, public place (where?) Injured at work? Means of thjury M. D. or other Date signed...9.



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PLEASE WRITE PLAIN is espec

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09285

Reg. Dist. No. 244

| 1. PLACE OF DEATH: County Carroll | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) state. Maryland. County. Howards Baltimore | | |
|---|---|---|--|
| | | | |
| City or town Sykesville (If outside city or town limits, write RURAL and give nearest town) | nr. Piliante Catar | | |
| How long in above place of death? 4 months, 10 days | (If outside city or town limits, write RURAL and give nearest town) | | |
| Mospital, Institution, or street addrese where death occurred: | Street No. Westchester & Rockwell Ave. | | |
| Springfield State Hospital, Sykesville, Md. | (If rurat, give LOCATION) | ,00000000000000000000000000000000000000 | |
| How long in hospital or institution? 4 months, 10 days | 2.(a) If veteran, name war | aud | |
| 3.(a) FULL NAME LILLIAN FRASER | 3. (b) Social Security Number | | |
| FIFTH LUSEU | | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Female White Widowed | | B:05 A. | |
| | | | |
| 6.(b) Name of husband or wife John Fraser-deceased | 21. I CERTIFY that death occurred on the date above etated; that I attended deceased f | | |
| | May 15th 1948 16 Sept. 25th | | |
| 7. Birth date of | and that I last saw her alive on September 25th | 19 48 | |
| | Immediate caose of death | DURATION | |
| 8. AGE: Yeare Months Days If less than one day | Pulmonary tuberculosis | 7 yrs. | |
| 73 8 11hrsmin. | | | |
| Savage, Maryland | Generalized arteriosclerosis | ? | |
| 9. Sirthplace Savage, Maryland (Town, county, and stote) | Nyocardial degeneration ? | | |
| 1D. Usual occupation Housewife | | | |
| 11. Industry or businese | Due to | *************************************** | |
| ₩ 12. Name James Grady | Dether conditions Senile Psychosis | 8 mths | |
| 13. Birthplace Maryland | Diner conditions | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Malden name Mary Jane Leizear | Major findings of operations. | ********************* | |
| 15. Birthplace Maryland | | | |
| 14. Maiden name Mary Jane Leizear 15. Birthplace Maryland 16. Informant Hospital records | Autopay resolts | | |
| | PHYSICIAN: Please underline the cause to which death should be charged statist | tically. | |
| Address | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| (Burial, cremetion, or removal. Which?) Date thereof — — — — — — — — — — — — — — — — — — — | Accident, euickle, or homicide | | |
| | | | |
| Cemetery or crematory. Manual Comments Comments | Where did Injury occur? (City or town) (County) (Sta | ite) | |
| Location Bulbo - Med | Injured at home, farm, Industry, public place (where?) | | |
| 18. Funeral director & duraced machale | Meene of Injury Injured at work? | | |
| 11 | 1 10 1/2 000 | y M | |
| Address Colonaville M. | 23 SIGNATURE JOSEPH X. Marchall, | 1.101 | |
| Alef 25 1948 C. Herry Elect | M. M. D. or other | | |
| (Dat rec'd by registrar) Registrar | Address S.S.V. Hospital, Sykesville Bute signed 9-2 | 25-48 | |

RECEIVED SEP 28 1948 BUREAU Y. S.

file as Baltimore Co. 10-22-48ams For change of county of Res. see letter from Dr. Shrop, also case (CD) is on

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

| CERTIFICA | Reg. Dist. No. |
|--|---|
| 1. PLACE OF OPATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: On newborn infants give residence of mother State |
| How long in hospital or institution? | (If rural, give LOCATION) 2.(a) it veteran, name war |
| 3. (a) FULL NAME Sterling Steat | 3. (b) Social Security Number |
| 4. Sex 5/Color or rice 6.(a) Single, many ed, widowed, or divorced walle white white | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 8.(6) Name of bushand or wite Church Wally Health | 21. I CERTYY that death occurred on the date above stated: that Intended deceased from |
| 7. Birth date of deceased (mo., day, y.) Helr 3-1882 | and thal I last saw h dean_alive on |
| 8. AGE: Years Months Days It less than one day hrs. | Immediair ause of death OURATION Bin. |
| 9. Birthplace (Town, county, and state) | Due to Parlio - Vaccuer ferm 39 |
| 10. Usual occupation | Due to |
| 12. Name Leuray Leatty 13. Birthplace Was Land | Other conditions |
| 14. Malden name. Oreginia Click! 15. Birthplace rekry lands | (Include pregnancy within 3 months of death) |
| 15. Birthplace rekyy lands | Major findings of operations. Outs of op. |
| 16. Intermant Mess. Gentrude Jambert | Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically. |
| 17. Burial Cate Iherent 9/20/48 (Burial, cremation, or removal, Which?) Oate Iherent 9/20/48 (day) (year) | 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide |
| Cemetery or ejematory | Where did injury occur? (City or town) (County) (State) |
| Location Meron Brifage Frank | Injured at home farm, Industry, public place (where?) |
| 18. Funeral director | Meens of triput/ tripured at work? |
| lat 19 (S) Garant of the | 23. SIGNATURE MARCH M. D. or other |
| (Date rec'd by registrar) Registr | rar Address / Westmurster M Date signed 9/17/4 |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes MARGIN RESERVED FOR BINDIN

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

| County Carroll | | | | 4 (For pewborn infants give residence of mother) | | |
|--|-----------------------|-------------------|---|--|--------------|--|
| Cliy or town Henryton, Marykand (If outside city or town limits, write RURAL and give nearest town) | | | | Stale Maryland county Anne Arundel Co. | | |
| City or town | utside eity or town l | imits, write R | URAL and give nearest town) | America of A. – | | |
| How long in above place of death? 1 month, 15 days | | | | City or town Antepolis (If outside city or town limits, write RURAL and give n | earest town) | |
| Hospital, institution, or | street addrees where | death occurred | | 101 Clay Stroot | | |
| Maryland ' | Tuberculos | is San | atorium | Street No. 171 Oldy Dollee's | | |
| How long in hospital or | Institution? Colo | red Br | anch | 2.(a) If veleran, name war | | |
| 3. (a) FULL NAMI | | 40.00 | | 3. (b) Social Securit | y Number | |
| | Thelma S | | | | | |
| 4. Sex | 5. Color or racs | 8.(a)Single | e, merried, widowed, or divorced | MEDICAL CERTIFICATION | | |
| female | Col. | Marr | ied | 20. DATE OF DEATH September 5, 19.48 | | |
| 6.(b) Name of hueband | Walte | r Grav | | 21. I CERTIFY that death occurred on the date above etated; that I attended de | ceesed from | |
| 5.(0) Name of nuesand | or wite | | | T1 03 /d 01 - 1- | er 5, 19.48 | |
| 7. Sirih dats of | | 5.(4 | e) If alive, give age | and that I last saw h er alive on September 5, | 19 48 | |
| deceased (mo., day, y | n) August | 30,1919 | | | | |
| 8. AGE: Years | Months | Daye | If lese than one day | Pulmonary Tuberculosis | Feb. | |
| 29 | 9 0 | 6 | hre min. | | 1948 | |
| 9. Birihpiace Ann | apolis, M | aryland | tate) | Due to | | |
| | (Town, | county, and a | itate) | | **** | |
| 10. Veual occupation | Domescic | | *************************************** | Due to. | | |
| 11. Industry or bueineed | | 10.11.55 | | | | |
| Hame DOL | iglas Simm | S | | Other conditions | | |
| | nnopolis, | | | | *** | |
| | | | | (Include pregnancy within 3 months of death) | | |
| 본 14. Malden name | Cora bade | | | Major findings of aperations | | |
| 2 15. Birthplace | Annapolis, | Maryla | nd | Date of op | | |
| 14. Maiden name 15. Birthplace | eased | | | Antopsy results | | |
| 16. Informant | | ***************** | | PHYSICIAN: Please underline the cause to which death should be charge | | |
| Address | | | | 22. VIOLENCE: If death was due to external causes, fitt in the following: | | |
| Burial Burial | | Bate there | Sept. 8, 1948 (month) (day) (year) | | | |
| | | | | Accident, euicide, or homicide | | |
| Cemelery or cremato | y St.Mary | sCem | • | Where did injury occur? | (State) | |
| Lection Anna | polis Mary | vland - | ~ | Injured at home, farm, Industry, public place (where?) | | |
| | - // • // // | | Peese TI | Meene of injury Injured at work? | | |
| 18. Funeral director | | 1 | | | | |
| Address 108 | Waxleen | rator | Dt. anna ma. | Man Roy Mothers 2 | n · D. | |
| | | 7 | | 23. SIGNATURE Calen Doffman, M. D. | or other | |
| 19 September | 29 19 48 | Daniel | Who I have Begintrer | Henryton Maryland | 9-5-/8 | |

STREET, BUT THEM THOMAS STATE COMES RESERVE

SHOW SEED OF THE CASE OF THE SHOP OF

RECEIVED SEP 9 1948

BUREAU V. S.

VS A15 9-45-15M HAF

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH |
|----------|-------|------------|----|--------|
| | | | | |

2411 N. Charles St., Baltimore

OF DEATH

8/

| CERTIFICA | TE OF DEATH Reg. Diat. No. |
|---|---|
| 1. PLACE OF DEATH: County City or town (If outside city or town to to, which is town) How long in above piace of death? Hospital, Institution, or street address where daysh occurred: | 2. USUAL RESIDENCE PIOME) OF DECEASED: (For powhorn infayth give rystience of mother) State |
| How long in hospital or institution? | 2.(a) It veleran, name war. |
| 3. (a) FULL NAME William H. Llim | 3. (b) Social Security Number 218-07-2580 |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH Suptember 12 1848 1/45 |
| 6.(b) Name of auchand or wife Andrews Claus Security 7. Birth date of deceased (mo., day, yi.) 200, 2-1868 | and that I last seminative on 1975 |
| 8. AGE: Years Months Days It less than one day 79 10 10 hrs | - |
| 9. Birthplace (Town, county, and state) 10. Usual occupation | Due to |
| 12. Name Aseph Simus 13. Birthplace Reunsylvania | Other conditions (Include pregnoncy within 3 months of death) |
| 14. Malden name Curanda Boughman | Major findings of operations |
| 16. Interment Celton General Bullet | Autopsy resolts PHYSICIAN: Please underline the cause to which death abould be charged statistically. |
| 17 | 22. VIOLENCE: It death was due to external causes, fill in the toilowing: Accident, suicide, or homicide |
| Location the South Country Media | Where did Injury occur? (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?) Mesns of Injury Injured at work? |
| Adherence Bredge & Use Condesse, M. 10 September 14 8 Justin To Topics (Date ree'd by registrar) | 23. SIGNATURE DE MINISTRA DO OFFINA LA |



PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| How long in above place of death? | |
|--|--|
| | Street No |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME Josephine Katherine Ham | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH September 5 1948 21 3 A. N |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948, to deptember 5 1848 and that I last saw here alive on august 2.7 1848. Immediate cause of death. DURATION |
| 8. AGE: Years Months Days If less than one day 22 | Cardiae Failure |
| 9. Birthplace Frederick Co. Maryland None 10. Usual occupation. | Due to. Caranary Insufficiency Due to. |
| 11. Industry or business 12. Name | Diher conditions Disbette mellitus |
| Diannah Graham 14. Malden name Maryland 15. Birthplace | (Include pregnancy within 3 months of death) Major findings of operations |
| 18. Informant George Hammond Address New Windsor, Md. | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Burial (Burial, Gurial, Guria | 22. VtOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide |
| te. Funeral director | Means of Injury Injured at work? |
| Winfield, Md. 19. Sept 7 19.48 & M. Jarver | 23. SIGNATURE Merritt E. Robertson M. D |

RECEIVED

SEP 9 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

930

09290

CERTIFICATE OF DEATH

Reg. Diat. No. 77

| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Medical County City or town |
|--|--|
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| Harry W.W. Harl | 3. (b) Social Security Number |
| 5. Color or the 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH. Sept. 5 1948 21/1:00 /5. |
| 6.(6) Name of husband or wite | 2t. I CERTIFY that death occurred on the date above elated; that I attended deceased from 19 4 9 19 19 19 19 19 19 19 19 19 19 19 19 1 |
| 8. AGE: Yeare Months Daye If leee than one day 7.4-6 3 Indicate that one day hrs | Coronary Throntoso I fra |
| 9. Birthplace | Due to Cuteris-ochiatio /0410 |
| 11. Industry or business | |
| 12. Name | Other conditions |
| 14. Maiden name. Eliza Haif 15. Birthplace | (Include pregnancy within 3 months of death) Major findings of operations |
| ∑ 15. Birthplace | Oate of op. |
| 18. Informant Mus accine Haces | Autopsy results |
| Address 17. (Burlal, cremation, or removal, Which?) Date thereof. (month) (day) (year) | 22. VIOLENCE: If death was due to external causee, fill in the following; Accident, suicide, or homicide |
| Cemetery or crematory May 1844 | Where did injury occur? |
| Location Baltocs and | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director | 2 . a (2 + 0 : 1) |
| Address Of CI) | 23. SIGNATURE Daurue C. James fully |

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legibly

9-45-15M

WRITE PLAINL is especia

PLEASE

19. (Datyree'd by registrar)

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SEP 8 1948

BUREAU V. S.

a Gostal Barrier Co. Co.

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age

1. PLACE OF DEATH:

Henryton, Maryland
(If outside city or town limits, write RURAL and give nearest town)

Deputy Local

.. Supply every item of information carefully. The correct please write the causes of death clearly and legibly.

WINT UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | | Reg. Dist. No. //.// |
|---|--|---------------------------------|
| - | 2. USUAL RESIDENCE (HOME) OF DE (For pershorn infants give residence of mother | CEASED: |
| | State Mary Land County | |
| | City or town Baltimore-1-Maryla | to RURAL and give nearest town) |
| | Sireet No. 724 N. Stockton Str | |
| | 2.(a) If veleran, name war | V |

| Hospital, Institution, or | street address when uberculo | e death occurre | atorium | (If outside city or town limits, write RURAL and give nearest town) Sireel No. 724 No. Stockton Street. (If rural, give LOCATION) 2.(a) If veleran, name war. | | |
|--|------------------------------|-----------------|---|--|---------------------|--|
| 3. (a) FULL NAME | | | And to the second to | 3. (b) Social Security 1 | Number | |
| | Melva | Mae Hen | derson | | | |
| 4. Se1 | 5. Color or race | | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| female | Col. | Sin | gle | 20. DATE OF DEATH September 24, 19 48. | . or . 3 : 15 A. a | |
| 8.(b) Name of husband of 7. Birth date of deceased (mo., day, yr | | | c) Il alive, give ageyears | 21. I CERTIFY that death occurred on the date above stated; that I attended decea July 6, 19. 48., (September and that I last saw h. er alive on September 24,) | 24, 19 48 19 48 | |
| 8. AGE: Years | Months | Days 9 | If tese than one dayhrsmin. | Pulmonary Tuberculosis | DURATION April 1948 | |
| 10. Usual occupation 11. Industry or business 12. Name Melv 13. Birthplace (14. Malden name 15. Birthplace C | Scholar in Fox unknown) | n, eounty, and | nd state) | Due to | | |
| 16. Intermant Dece | ased | •••••• | | Actopsy results | | |
| 17. Burial (Burial, eremation, Cemetery or cremator Location 18. Funeral director | Wester Wm/la | n Star tick | September 27, (month) (day) (year) Cem. Williams eder. St. | Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) Meens of injury injured at work? | (State) | |
| Septembe (Dato ree'd by reg | | 3 all | 01 | 23. SIGNATURE Release M. M. D. o. M. D. o. M. D. o. M. D. o. Dafe signed | | |

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SEP 29 1948

BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore

| LL | Trin | |
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| Reg. | Diat. | No. 74 |
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| | 4 | | CERTIFICAT | TE OF DEATH | Reg. Diat. No | 74 |
|--|---|------------------------------------|--|--|---|-------------|
| How tong in above pla Hospital, Institution, Springf How long in hospital 3.(a) FULL NAM | Carroll Sykesville foutside eity or town li ce of death? 8 mor or street address where lield State or Institution? 8 mo | death occurred Hospit | al 10 days | 2. USUAL RESIDENCE (HOME (For newborn infants give residence) State | county Baltimor Le imits, write RURAL and give ne | arest town) |
| 4. Sex | 5. Color or race | 6.(a)Single | , married, widowed, or divorced | MEDICAL | CERTIFICATION | |
| M | W | | MARRIED | 20. DATE OF DEATH. September | 27 19 4 | 8. 12:15 P. |
| 7. Birth date of deceased (mo., day 8. AGE: Yea | yr.) 1/20/9 | 6.(e | ia Garrish) if alive, give age 48 years If less than one day | 21. I CERTIFY that death occurred on the date January 17, and that I last saw h imalive on S Immediate cause of death Bronchopneumonia | 19 48 16 Septemb September 27 | er 2719 48 |
| 50 | 8 | 7 | hrs min. | - | | |
| 11. industry or bustness. W.1. 12. Name W.1. 13. Birthplace | Baltimor (Town, A&P Store ess Grocery lliam Hofme Baltimore C | Manage store sister cunty | r | Due to. Due to. Other conditions Brain tumor, parietal lobe () (Include pregnancy within | left fronto- malignant) in 8 months of death) (1/4/49 | 19 mont |
| 14. Maiden nam 15. Birthpiace | Baltimore | | | Major findings of operations | | |
| Address 17. But Caremania | Sykesvill Sykesvill Officer of the sykes Sykesvill Sykesvill Sykesvill Sykesvill | gfield e, Mar Date there | of South (day (year) | Autopsy results | o which death should be charged if causes, fill in the following; Date of with (County) e (where?) Injured af work? | (State) |
| 19. (Dave pec'd by | egistrar) | TLU | Registrar | Address Springfield Sta | te Hospitale signed. | 9/27/48 |

information carefully. The of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Battimore

930

| | | | CERTIFICAT | TE OF DEATH | Reg. Dist. No. | 76 |
|---|---|--------------------|--|--|--|------------------------|
| How long in above place | inksburg | 3 yrs | RAL and give nearest town) | Street No | co of mother) County Carroll Limits, write RURAL and give | nearcst town) |
| How long in hospital of | r Institution? | | ······································ | 2.(a) 11 veteran, name war | | |
| 3. (a) FULL NAM | | ie M.H | look | | 3. (b) Social Securi None | ity Number |
| 4. Sex | 5. Color or race | 6.(a)Single. | married, widowed, or divorced | MEDICAL | CERTIFICATION | |
| Female | White | Wid | lowed | 20. DATE OF DEATH SEPT | 10 19/8 | 8 |
| 6.(b) Name of husband 7. Birth date of deceased (mo., day, | 360 3 | | If alive, give ageyears | 21. I CERTIFY that death occupred on the da | 19.48 to sept | deceased from 146 |
| 8. AGE: Years | s Months | Days | If less than one day | Immediate cause of death | 1 | |
| 77 | 3 | 24 | hrs min. | muscheter | Chrome | 520 |
| 1D. Usual occupation. 11. Industry or busines HIV 12. Name | Charles H Baltim Margare Baltimo | .Thompore Cit Here | ty esheimer | Due to Diher condition (Include pregnancy with Major findings of operations. | School Sc | |
| | harles Winksburg, | | | Autopsy results | | rged statistically. |
| 17 | ory.SalemL | emeter Md. | (month) (day) (year) | 22. VIOLENCE: If death was due to extern Accident, suicide, or homicide | Own) (County) | (State) |
| 19. (Date rec'd by r | 3 19 4 | - | Keera Trong | 23. SIGNATURE | M. Date sign | D. or other ned 9//-49 |



ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and

| (| WITT U |
|----------|------------|
| | PLAINLY, W |
| 9-45-15M | VRITE |
| V. A.I.D | PLEASE V |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09294

CERTIFICATE OF DEATH

Reg. Dist. No. ..

| 1. PLACE OF DEA | | | | 2. USUAL RESIDENCE (HOME) OF (For pewhorn infants give residence of m | DECEASED: | |
|--|-------------------|--------------------|---|---|---|-------------------|
| | | | | leruland | | |
| City or fown. | y.L.O.II | libits, write | RURAL and give nearest town) | City or lown Baltimore-17- | | |
| How long in above place | of death? | mont | hs 14 days | (If outside city or town limits, | write RURAL and give n | earest town) |
| Hospital, Institution, or | | | | street N. 1327 N. Fremon | t Street | |
| | | | Sanatorium | | | |
| How long in hospital or | Institution? CO. | Lored | Branch, Henryto | 2.(a) If veleran, name war | | X |
| 3. (a) FULL NAME | | | | | 3. (b) Social Security | y Number |
| | JOSEF | H MAT | THEW JOHNSON | | | |
| 4. Sex | 5. Color or race | | le, merried, widowed, or divorced | MEDICAL CE | RTIFICATION | |
| Male | Col | S | ingle | 20. DATE OF DEATH. Sentember | 01948 | , at .2.1.00P. |
| | | | | 21. I CERTIFY that death occurred on the date abov | e stated; that I attended de | ceased from |
| 6.(b) Name of hueband of | or wife | ****************** | *************************************** | | 47 10 Sept.] | |
| T Right date of | | B.(| (c) it alive, give ageye | and that I last saw h 1 m alive on Sept | tember 10 | 19 48 |
| deceased (mo., day, yr | May 16 | 191 | 3 | Immediate cause of death | | DURATION |
| 8. AGE: Yeare | Monthe | Daye | If less than one day | Pulmonary Tuberculosis | | |
| 35 | 3 | 25 | hrs | nin. | | 1, 1947 |
| | T once | Tingin | ia | | | dr.gdr.delija d |
| 9. BirthplaceOT | (Town | , eounty, and | 18 atate) | | | |
| 10 Heural occupation | levator | Opera | tor | | *************************************** | **** |
| | | | | Due to | *************************************** | **** |
| 1t. industry or busineee | | 2202 | -1 | | | |
| - | _ | | *************************************** | Other conditions | | |
| | range, Vi | rgini | 8 | (Include pregnancy within 3 m | ontha of death) | |
| 불 14. Maiden name | Rachel | Green | *************************************** | Major fiedings of operations. | | |
| 15 Birthniace | Frederi | ck. Vi | rginia | Major hodings of operations. | | |
| 14. Maiden name 15. Birthplace 16. Informant | -10001 | ATP & VAL | | | | |
| 16, Informant | ceasea | | | Actopsy results PHYSICIAN: Please underline the cause to whi | ich death should be charge | ed stalistically. |
| Address | | | | 22. VIOLENCE: If death was due to external cause | | |
| 17 Ba | ial | Date the | (month) (day) (year) | Accident, suicide, or homicide | | |
| 17. (Burlal, cremation, | or removal. Which | (2) | (month) (day) (year) | | | |
| Cemetery or cremator | , mil | ca | lvey | Whera did injury occur?(City or town) | | |
| Jacobles A | a, C | ment | | Injured at home, farm, Industry, public place (wh | ere?) | |
| Cocation | 4 - 4 | - / / / / | - 1 | | Injured at work? | |
| | | | out danglie | | | |
| Addrese // | 129h.C | aroli | 1 to a | 23. SIGNATURE Reuley (1) | Ruaci n | 2.0 |
| Sept. 10 | 4.8 | all | ut/(Suzuhl | Henryton, Mary | allu | or 9710/48 |
| (Date ree'd by reg | ristrar) | Denut | v Local Regist | rat Address | Date signe | d |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13/0

09295

Reg. Dist. No. 7.1

| 1. PLACE OF DEATH: (Control of Deceased) | |
|--|---|
| County | all. |
| Cily or town State County (If outside city or town limits, write RURAD and give nearest town) | |
| City or town | |
| | arest town) |
| Hospilal, Institution, or street address where death occurred: | |
| (If rural, give LOCATION) | |
| How long in hospital or institution? | ••••••• |
| 3. (a) FULL NAME () 3 (b) Social Security | Number |
| 3. (a) FULL NAME 3. (b) Social Security 7.12-24-3 | 223 |
| The Comment of the first of the | |
| 4. Sex 5. Color of 12co 6.(a) Slagle, married, widowed, or divorced MEDICAL CERTIFICATION | |
| Mules Wille Many 1 20. DATE OF DEATH SELT. 1. 1948 | 112 1 |
| 6 . 3/ // | |
| B.(b) Name of house or wife Crumal Ata Saction 21. I CERTIFY that death occurred on the date above stated; that I attended dece | |
| 6.(c) If alive Avelge 6.3 · years | 19 |
| 7. Birth dale of and that i last saw h | |
| deceased (mo., day, yr.) DEC 13, 1880 Immediate cause of Carelral Hamonhage | . DURATION |
| 8. AGE: Years Months Days If less than one day | 10 hes. |
| 62 8 17 | 1 |
| 7. 11 - 70 - 1 | |
| 9. Birthplace (Town, county, and state) | 1 |
| 10. Usual occupation Congarmaner Discare | MAN TO ANDROW |
| Due to | |
| 11. Industry or business / Warret | 010010010101000000000000000000000000000 |
| 12. Name Min O. D. Richts. Other conditions | * |
| 13. Birthplace Manschuster Md. | |
| | ••• |
| 14. Major findings of operations. [Include pregnancy within 8 months of death] | |
| 2 15. Birthplace Merghinder //pli | _ |
| 4111- 6 | |
| 16. Informant Autopsy results. PHYSICIAN: Please underline the cause te which death should be charged | |
| Address / Colinguater MA. 10. VTV | _ |
| Date thereot 7-4-48 22. VIOLENCE: If death was due to external causes, till in the following: | 0 |
| (Burial, cremation, or remove) Which?) Date thereof. (month) (day) (year) Accident, suicido, or homicide. Date of | |
| Cemetery or crematory | (State) |
| 1110 alexander Tallo | |
| Location May Country, public place (where?) | |
| 18. Funeral director. Lacol Wirels Serve Means of Injury injured at work? | -0 |
| last it and | m.TF |
| Address / MULENUSCU 1941. | /// |
| M.D. | or other |
| 19. Date signed | 4-1-48 |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09296

CERTIFICATE OF DEATH

| | | | 74 |
|------|-------|-----|----|
| Reg. | Diat. | No. | |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECLASED: (For pewborn infants give residence of mother) |
|---|--|
| City or town. Sykesville (If outside city or town limits, write RURAL and give nearest town) | State Maryland County |
| How long in above place of death? 18 yrs 2 months, 11 days Rospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 18 yrs 2 months, 11 days | City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No 30 E. Ostend St. (If rural, give LOCATION) 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| KERN, Joseph C. | none |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male white married | 20. DATE OF DEATHSeptember 8 |
| 8.(b) Name of husband or wife. RoseKern | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 1 |
| 9. SirthplaceBaltimore City Md.e. (Town. county, and state) 10. Usual occupation Printer. 11. Industry or business | Due toSyphilis unkn. |
| 12. NameJoseph Kern 13. Birthplace Maryland 14. Malden name Amelia Smith 15. Birthplace New York State | (Include pregnancy within 3 months of death) Major findings of operations. Date of op. |
| 16. Informant Records of the Springileta St. Hospt. | Autopsy results |
| Address Sykesville, Maryland Burial 9/11/48 (Burial, cremation, or removal, Which?) (month) (day) (year) Holy Cross Ceme Cemetery or crematory. | 22. VIOLENCE: tf death was due to esternal causes, fill in the following: Accident, suicide, or homicide |
| Location A. A. Co., Md. WM. J. TICKNER & SONS | Injured at home, farm, industry, public place (where?) |
| Balto., Md. Address Balto., Md. | A. SIGNATURE Martin Gross, M. D. M. D. or other Address Sykesville, Maryland Date signed 9/8/48 |

1. PLACE OF DEATH: County Carroll

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| | RESIDENCE (HOME | |
|--------------|--------------------------|--|
| StateMaj | yland | Couply Baltimore |
| City or town | (If outside city or town | limits, write RURAL and give nearest town) |
| 6 | 00 3111 - 3 36 | בחת הרג |

Street No 0000 Windsor Mill Road (If rural, give LOCATION)

How long in above place of death? since 3-30-48 Hospital, Institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? since 3-30-48 3. (a) FULL NAME KRONE, Arnold Henry S.(a) Singla, married, widowed, or divorced 4. Sex married male white 6.(b) Name of husband or wife Wilhelmina Krone Born 11/21/86 6.(c) It aliva, give ageyears 7. Rirth date of deceased (mo., day, yr.) If less than one day 8. AGE: 8. Birthplace. Bremen, Germany (Town, county, and state) to Usual occupation Retired Civil Engineer 11. Industry or business 14. Malden name Caroline -2 15. Birthplace Germany ts. Informant Records of Springfield State Hospital

Address Sykesville, Maryland

(Date rec'd by registrar)

City or town. Sykesville.

MEDICAL CERTIFICATION 20. DATE DF DEATH. September 18 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 13, 1948 10 Sept. 18

,12,10 Am

3. (b) Social Security Number

and that t last saw h imalive on ... Sept. 17 DURATION Immediate cause of death...... Bronchopneumonia days

Other conditions Arteriosclerosis, Psychosis with cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of sperations.

Autopsy results Bronchopneumonia PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: it death was due to external causes, till in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town)

triured at home, farm, industry, public place (where?) Means of Injury ----

Injured at work?

Address Sykesville, Maryland Date signed 9-18

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HE ASH M. CONTRACTOR STORY OF THE STORY



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bal

| 111 | more | 120 |
|-----|-------|-----|
| 7 | DEATH | 120 |

| | | CERTIFICA | ATE OF DEATH | Reg. Diat. No | 74 |
|---|--|--|---|--|---|
| How long in above Hospital, Institution Maryla | roll mryton Mar (If outside city or town place of death? 1 Yr n, or street address where nd Tubercul tal or Institution? CO. AME | vland limits, write RURAL and give nearest town) 3. Mo. 6. Days death occurred: DSIS Sanatorium Lored Branch 1. Leslie Lambirth 6.(a)Single, married, widowed, or divorced | City or town Bartoning West or town I Street No. 1314 N. Caroli (If rural, 2.(a) If veleran, name war. | County | rity Number |
| Male | Col. | Married | 20. DATE DF DEATH September | | |
| 7. Birth date of deceased (mo., 8. AGE: 9. Birthplace | day, yr.) July 21. Years Months 27 1 inston, N. Car (Town None | Days If less than one day 25 hrs. n Coline County, and atate) | Immediate cause of death Pulmonary Tuberculo Due to | ntember 15, | 15 48 19 48 DURATION March 1943 |
| | | rth Sr. | Dther conditions | | |
| ≝ 13. Birthplace | Kinston, N | oleon | (Include pregnancy with) | n 8 months of death) | |
| 14. Malden n | we Naucy Pa | rker | Major findings of operations | •••••• | |
| ≥1 15. Birthplace | Mancy Pa Kinston, N. | Carolina | | | |
| | ecessed | | PHYSICIAN: Please underline the cause t | | rged statistically, |
| t8. Funeral direct Address Address | of ash | tell fires | Accident, suicide, or homicide | wn) (County) e (where?) Injured at work? | (State) |



BINDING

FOR

RESERVED

MARGIN

age

1. PLACE OF DEATH:

PLAINLY, V WRITE PLEASE A15

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

09300

| CERTIFICATE C | F D | EA' | TH |
|---------------|-----|-----|----|
|---------------|-----|-----|----|

Reg. Diat. No. 74

| County Carroll | (For rewhorn infants give residence of mother) | |
|--|---|---|
| City or town Henry ton Maryland (If outside city or town limits, write RURAL and give nearest town) | State Maryland County | |
| (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 2 years, 9 days | City or iown | |
| How long in above place of death? | (11 oddside city of town limits, write KOKAL and give nearest | town) |
| Maryland Tuberculosis Sanatorium | Street No. 1317 Myrtle Avenue | |
| How tong in hospitat or institution?. Colored Branch | 2.(a) 11 veteran, name war | 1/ |
| The state of the s | | |
| 3. (a) FULL NAME | 3. (b) Social Security Num | nber |
| HERBERT ANDREW MASON | 218-09-6518 | |
| 4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| Male Colored Separated .) | 20. DATE OF DEATH. September 12, 19.48 | 10:45A. |
| 6.(b) Name of husband or wife Margaret Mason | 21. I CERTIFY that death occurred on the date above stated; that I attended deceeeed | |
| . 6.(c) If alive, give age 31 years | September 3, 19 46 16 Sept. 12, | |
| 7. Birth date of | and that that saw h im alive on September 12, | 19.48 |
| deceased (mo., day, yr.) May 5, 1917 | Immediate cause of death. | DURATION |
| 8. AGE: Years Monthe Days It less than one day | | ay 1, |
| 31 4 7hrsmin. | 1 | 940 |
| s. Sirthplace Baltimore, Maryland (Town, county, and state) | Due 10 | ****************** |
| Maitan | | |
| 10. Usual occupation WALCER | Due to. | |
| 11. Industry or business | | •••••• |
| 單 12. Name Herbert Mason, Sr. | Other conditions | |
| 13. Stringlace Baltimore, Maryland | | *************************************** |
| | (Include pregnancy within 3 months of death) | |
| 14. Malden name Pearl Smith 15. Birthplace Baltimore, Maryland | Major findings of operations. | |
| | | ********************** |
| 16, Informant. Deceased | Antopsy results | tically |
| Address | | otteany. |
| (Burial, crepation, or removal, Which?) | 22. VIOLENCE: It death was due to external causee, fill in the following: Accident, suicide, or homicide | |
| Cemetery or crematory Mf. Aulum Cem. | Where did injury occur? | tate) |
| Location Balts 4 | Injured at home, farm, industry, public place (where?) | |
| 18. Funeral director MNA Samuel fint females | Meens of injury Injured at work? | |
| Address 5 78 W. Bioloto | 23. SIGNATURE Realen Moffman M. D. or of | 0. |
| 19. Sept. 12. 19.48 Deputy Local Registrar | M. D. or ot Address Henryton, Maryland Date signed 9- | |

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FOR BINDING

RESERVED

MARGIN

PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09301

CERTIFICATE OF DEATH

Diat. No. 79

| County Calify III County of the County which is selected and give nearest town) (Expression Institution, or street address when beach occurred: (It county or town institution, or street address when beach occurred: (It county or town institution, or street address when beach occurred: (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town limits, write RURAL and give nearest town) (It counts do sign or town) (It counts do | | |
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| there long in above place of death? 25 yellowinds (if outside eigh or town limits, write KURAL and give nearest tawn) (lift outside eigh or town limits, write KURAL and give nearest tawn) (lift outside eigh or town limits, write KURAL and give nearest tawn) (lift outside eigh or town limits, write KURAL and give nearest tawn) Street Ko. (lift rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number A. 3a. (a) FULL NAME A. 5a. Solver or race 8. (a) Single, married, widewed, or divorced A. 5a. Solver or race 8. (a) Single, married, widewed, or divorced A. 5a. Solver or race 8. (a) Single, married, widewed, or divorced A. 5a. Solver or race 8. (a) It alive, give age 9. Solver or race 19. So | | State Maryland County Carroll |
| Street No. (If rural, give LOCATION) Street No. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Hiveran, name war. 3. (d) Street No. (If rural, give LOCATION) 2. (a) Hiveran, name war. 3. (b) Social Security Number 3. (c) House of husband or wite Lipston I. (a) Single, married, videned, or divorced 4. 523 5. Color or race 6. (c) Hame of husband or wite Lipston I. (a) Husband or wite Lipston I. (b) Number III that death eccorred on the date above states: that I ettended deceased from the date above states. That I e | (If outside city or town limits, write RURAL and give nearest town) | City or town Alexand |
| Now long in hospital or institution? 3. (a) FULL NAME Manual 4. 593 5. Color or race 6. (a) Single, married, videwed, or divorced Permale Medical CERTIFICATION 20. DATE of DEATH. 21. I CERTIFY that death occurred on the data above stated: that I ettended deceased from 15. Birth data of deceased (mo. day, ry.) December 20, 1867 8. AGE: Years Months 15. Birth place Medical CERTIFICATION 20. DATE of DEATH. Manual 10. Usual occupation Months Date Medical Medical companion Medical companion Medical Duration Major findings of uperaney within 3 manths of death) Major findings of uperaney within 3 manths of death hould be charged statistically. Physicials: Please anderline the case to which death should be charged statistically. 20. Volume of business (June) Major findings of uperaney within 3 manths of death should be charged statistically. Major findings of uperaney within 3 manths of death should be charged statistically. Physicials: Please anderline the cases to which death should be charged statistically. 21. Volume of the data was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Country Mere did injury occur? (City or town) (Country) (State) | How long in above place of death? | (If outside city or town limits, write RURAL and give nearest tawn) |
| Now long in hospital or Institution? 3. (a) FULL NAME Mask Emmas M. Months Midowed, or divorced MEDICAL CERTIFICATION 19, 8. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20, DATE OF DEATH. S. MART Law 19, 8. (a) Live give age years deceased (mo, day, yr.) Accorded years age within a menths of country or business Qure Long (riven, country, and taketo) 19. Busil accupation. Months Days If less than one day 10. Busil accupation. Months Days If less than one day 11. Industry or business Qure Long 12. Name John Sand Sand Sand Sand Sand Sand Sand San | Hospital, institution, or street address where death occurred: | Street No. |
| 3. (a) FULL NAME Mass. Enrors M. Melling 4. St. S. Color or race 5. (a) Single. married, widowed, or divorced Ferroll White White Midow 5. (b) Hame of husband or wile. Industry 6. (c) It alive, give age 7. Birth date of deceased (mo., day, yr.) Oceanbus 20, 1867. 8. AGE: Years Months 8. AGE: Years Months 9. Birthplace Methodox or Months 10. Usual occupation of the date shows a stated; that I effended deceased from Immediate value of death. 10. Usual occupation of the date shows a stated; that I effended deceased from Immediate value of death. 10. Usual occupation of the date shows a stated; that I effended deceased from Immediate value of death. 11. Industry or business Grant from a date of the date shows a stated; that I effended deceased from Immediate value of death. 12. Industry or business Grant from a date of the date of the date shows a stated of the date of t | | H |
| 4. Sex S. Color or race S. (a) Single married, widowed, or divorced Third White Third widowed, or divorced Third White Third widowed, or divorced Third widowed or wite Uption Third widowed, or divorced Third wi | How long in hospital or institution? | 2.(a) If yeteran, name war |
| 4. Six S. Color or race 6. (a) Single, married, widowed or divorced Female White 6. (b) Hame of husband or wite 6. (c) Hame of husband or wite 6. (d) Hame of husband or wite 6. (e) Hame of husband or wite 6. (e) Hame of husband or wite 6. (e) Hame of husband or wite 7. Birth date of 8. AGE: Years 8. AGE: Years 8. AGE: Years 8. AGE: Years 8. Halive on 9. Birthplace 10. Busual occupation. 10. Busual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Name 15. Businplace 16. Informant 17. Name 18. Address 19. A | 3. (a) FULL NAME | 3. (b) Social Security Number |
| 6.(b) Name of husband or wite African Internal Superior S | Mrs. Emma M. | Mehring none |
| 6.(b) Hame of husband or wile I phony F. Mohing T. Birth date of deceased (mo. day, yr.) December 20, 1867 18 19 19 19 19 19 19 19 | 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| 21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from the date of the date above stated: that I ettended deceased from the date of the date above stated: that I ettended deceased from the date of the date above stated: that I ettended deceased from the date of the date above stated: that I ettended deceased from the date of the date above stated: that I ettended deceased from the date above stated: that I ettended the decease to the date above stated: that I ettended the deceased from the date above stated: that I ettended | Jemale White Widow | 20. DATE OF DEATH September 7 1978 at 1:00 P |
| 18. High date of deceased (mo. day, yr.) December 20, 1867 8. AGE: Years Months Days If less than one day 9. Birthplace Months Days If less than one day 10. Usual occupation of December 20, 1867 11. Industry or business Quant Pome 12. Name Jakan Smith December County, and atate) 11. Industry or business Quant Pome 11. Birthplace Deletics County, Md. 12. Water and Maley Jakan Smith December County, Md. 13. Birthplace Deletics County, Md. 14. Maiden name Maley Jakan Smith December County, Md. 15. Birthplace Deletics County Male Deletics County Major findings of operations Major findings of | 6 (b) Name of husband or wife Upston F. Mehring | 21. I CERTIFY that death occurred on the date above slated; that I ettended deceased from |
| 18. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 9. Birthplace Attributors, Irreducing on the second of the | | 19 48 10 5 5/61 - 19 48 |
| 8. AGE: Years 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | 7 Right date of | and that I last saw h. E.M. alive on |
| 8. AGE: Years Months Days If test than one day Solution Solut | | Immediate cause of death |
| 9. Birthplace Mittalastora, Tribland Committed | O. AGL. | monia 1mo |
| 8. Birthplace (Town, county, and state) 10. Usual occupation Advance (Town, county, and state) 11. Industry or business Own Rome 12. Name January January Market (Townty) and (Include pregnancy within 8 menths of death) 13. Birthplace Trederick County and (Include pregnancy within 8 menths of death) 14. Maiden name Mary January Market (Townty) and (Include pregnancy within 8 menths of death) 15. Birthplace Trederick County and Date of op. 16. Informant Mary Charless (Include pregnancy within 8 menths of death) Antopay results (PHYSICIAN: Please anderline the cause to which death should be charged statistically. 17. (Sturial, cremation, or removal, Which?) Cemetery or crematory Antopay (County) (State) Where did injury occur? (City or town) (County) (State) | 80 8 /8hrsmin. | |
| 10. Usual occupation Advance (Town, county, and atate) 11. Industry or business Own Rome 12. Name Jaken Smith 13. Birthplace Frederick County and. 14. Maiden name Many Jaken Milliant 15. Birthplace Frederick County Ma. 16. Informant Mr. Charlest Milliant Address Acyman Date thereother Physicians and present on the following: 17. (Burial, cremation, or removal, Which?) Date thereother physicians of county Maccident, suicide, or homicide. Due to. Due to. Date the conditions Milliant (Include pregnancy within 8 manths of death) Major findings of operations Autopay results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) | Madelas Fredi hill mid. | . Cardis - vascular - Knol |
| Due to Due to Dither conditions Appendix Service County and a specific formation of death and the service county and a specific formation of death and the service county and a specific formation of death and the service county and a specific formation of death and the service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date thereof service county and a specific formation or removal. Which? Date to Dither conditions Appendix and the service conditions and the service conditions and the service county and the service | 9. Birthplace (Town, county, and state) | 3 |
| 11. Industry or business Quant Rome 12. Name Jahn Smith 13. Birthplace Frederick County and. 14. Maiden name Many Jane Granty and 15. Birthplace Frederick County and 16. Informant March County and Address Reyman Ma. 17. Guid 18. Date thereof Sept Month (day) (year) Date thereof Sept Month (day) (year) Date of county and County an | 1/. | |
| 12. Name John Smith 13. Birthplace Frederick County, Ms. 14. Maiden name Mary Janus Hilbert 15. Birthplace Frederick County 16. Informant Mr. Charles J. Mehring Address Neyman Ms. 17. Guid Bate thereof Sept. 12, 1944 (Include pregnancy within 3 manths of death) Major findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) | | Due to |
| 14. Maiden name May James Willist 15. Birthplace Televick County Ma. 16. Intermant Mr. Charles Mesharing Address Acyman Ma. 17. Guide pregnancy within 3 manths of death) Bate thereof Sept. 12, 1944 Cemetery or crematory Maight Cemetery of crematory Manuaghis Cemetery. Cemetery or crematory Manuaghis Cemetery (City ar town) (County) (State) | A The state of the | 1. A. a. Alla |
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| 14. Maiden name Many James June 15. Birthplace Frederick County Main 15. Birthplace Frederick County Main 16. Interment Marie Charles Major findings of operations. PHYSICIAN: Please nuderline the cause to which death about the charged atatistically. Accident, suicide, or homicide. Major findings of operations. Major findings of operations. PHYSICIAN: Please nuderline the cause to which death about the charged atatistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) | \$ 13. Birthplace Frederick County, Ind. | asterificeleves |
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| Antopay results. Antopay results. Antopay results. PHYSICIAN: Please underline the cause to which death abould be charged atatistically. PHYSICIAN: Please underline the cause to which death abould be charged atatistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) | 14. maiden name | Major findings of operations. |
| Address PHYSICIAN: Please underline the cause to which death abould be charged atatistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide | E 15. Birthplace Trederick County, Md. | Bale of op. |
| Address PHYSICIAN: Please underline the cause to which death about the charged statistically. PHYSICIAN: Please underline the cause to which death about the charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide | 16 Interment Mr. Charles 21. Mehring | Autopay results not clone. |
| 22. VIOLENCE: It death was due to external causes, fill in the following; (liturial, cremation, or removal. Which?) Cemetery or crematory thoughts Cemetery. Date thereof Sept. (2) (945) (month) (day) (year) Where did injury occur? (City or town) (County) (State) | 11 10-1 | PHYSICIAN: Please underline the cause to which death abould be charged atatistically. |
| 17. Gurial, cremation, or removal. Which?) Date thereof Sept. (anoth) (day) (year) Cemetery or crematory cocur? (City or town) (County) (State) | Address Williamar, Ma. | 22, VIOLENCE: It death was due to external causes, flil in the following; |
| Cemetery or crematory Analogical Cemeters (City or town) (County) (State) | 17. Gereal Date thereof Sept. 10. 1948 | |
| | 1/ 1/1/1/ | |
| h On I latitud at home form industry public place (where?) | Cemetery or crematory Manghan Cemells of | (City ar town) (County) (State) |
| Incation I Class I Manual Manual Influence at none, rath, there is noted in the control of the c | Location New midway maryland | injured at home, farm, industry, public place (where?) |
| Means of injury Injured at work? | CM7 lists | Means of Injury Injured at work? |
| 18. Funeral director. | 18. Funeral director | 0. 0 1. 00. |
| Address anentown, maryland m trable San In | Address anentown, maryland | M trabl. such |
| 23. SIGNATURE M. D. sr other | 1.1-1 (2 4 (2) | 23. SIGNATURE M. D. pr other |
| 19 Sept. 8 19 48 Janey M. Janes Janon M. Date signed 9 18 14 | (Dal rec'd by registrar) (Dal rec'd by registrar) Registrar | Address of true man M. Date signed 9 1/8 / 4 |



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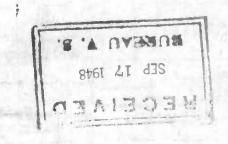
A15 NS age

| 78 1 9 9. BirthptaceFrederick, Maryland (Town, county, and state) 10. Ucual occupationChief clerk | 7. Birth data of deceased (mo., day, yr.) | August | 5, 187 | O It lese than |
|---|---|----------|--------|----------------|
| 10. Usual occupation | 8. AGE: Years 78 | 1 | 9 | It lese that |
| 12. Name Richard Howard Murdoch 13. Birthplace Frederick, Maryland 14. Maidea same Mary Ellen Medaira 15. Sirthplace Frederick, Maryland 18. Isformaat Records of Springfield St. Address Sykesville, Maryland | 10. Veual occupation | | | atate) |
| 18. laformaat RecordsofSpringfieldSt | 12. Name Richa 13. Birthplace Fr | | | |
| Address Sykesville, Maryland | 14. Maidea aameM. 15. Sirihplace F | | | |
| | Address Sykes | ville. M | arylan | ıd |
| | 18. Funeral director. | E. Cl | ine | + Son |

| EVIDENCE | E FOR CHI | ANGE | MARYLAND STATE DE | PARTMENT OF HEALTH 1930 | 12 | |
|--|------------------------|----------------|----------------------------------|--|---|--|
| OF DATE | OF DEAT | TH SH | OWN OW; 2411 N. Charle | es St., Baltimore 53 | | |
| HIM No. G | 117 SEF | 23 19 | 948 CERTIFICAT | TE OF DEATH Reg. Dist. No. | 74 | |
| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For previous infanta give residence of mother) | | |
| | | | URAL and give nearest town) | state Maryland county Frederick | *************************************** | |
| | | | | City or town Frederick (If outside city or town limits, write RURAL and give | | |
| Now long in above place Nospital, jastitution, or | e of death? | death occurred | onths, 11 days | street No. 352 Park Avenue | | |
| | | - | 1 | (If rural, give LOCATION) | / | |
| | | 33m | onths, 11 days | 2.(a) Il veleraa, aame war | | |
| 3. (a) FULL NAM | | | | 3. (b) Social Securi | ity Number | |
| | ch, Richard | | e, married, widowed, or divorced | hone | | |
| 4. Ser male | 5. Color or race White | | rried | MEDICAL CERTIFICATION SEPTEMBER 20. DAYE OF DEATH | 21 7 2 140 2 M | |
| 5.(b) Name of husbaad 7. Birth data of deceased (mo., day, | | 6.(| e) It alive, give age | | ber 14 1948 | |
| 8. AGE: Year | | Daye | It less than one day | Immediate cause of death Arteriosclerosis | | |
| 78 | 1 | 9 | hrs mia. | AL YVI AVOVISA VISA | | |
| 9. BirthptaceFre | ederick Ma | ryland | ntate) | Due Io | *************************************** | |
| 1D. Veual occupation. | Chief cl | lerk | | Dua to. | | |
| 11. laduetry or busine | | | | | more tha | |
| 12. Name Richard Howard Murdoch 13. Birthplace Frederick, Maryland | | | | Other coaditions Carcinoma of the nose | 5 mos | |
| | | | | Senile psychosis (the pregnancy within 3 months of death) | 4 yrs. | |
| 置 14. Maidea aame | Mary Elle | n Meda | ira | Major findings of operations. | | |
| 15. Sirthplace Frederick, Maryland | | | land | Date of op | | |
| | | | ld St. Hospital | Antopsy results Terminal bronchopneumonia. PHYSICIAN: Please underline the cause to which death should be charged. | ged statistically. | |
| Address Sy | kesville, N | larylan | Cant 16-48 | 22. VIOLENCE: If death was due to externat causee, fill in the lollowing: | | |
| 17. Burial, eremation | n, or removal. Which? | Date ther | (month) (day) (year) | Action of the second of the se | | |
| Cemetery or cremat | lory I casa | 44 / | till Cemetery | Where did lajury occur? | (State) | |
| Location | conovie | e- > | rangland | lajured at home, farm, industry, public place (where?) | | |
| | C. E. CE | | + Sow | Maans of lajury —— lajured at work? | | |
| 10. Fulletal director | Freder | 1 | | has Dia Som | m.A | |
| Solot | | | Africa Heer | 23. SIGNATURE Martin Gross, M. D. M. | D. or other | |

Registrar Address Sykesville, Maryland Date elgaed 8/14/48

APPEARING THE SHOULD SAME AND SERVICE AND AND SERVICE AND ADDRESS.



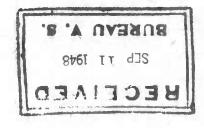
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1640

| | Keg. Dist. No |
|---|--|
| 1. PLACE OF DEATH: County Class And County (If outside city or town limits, write By RAL and give nearest town) | 2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State State County County |
| (If outside city or town limits, write BURAL and give nearest town) How long in above place of death Authority (Hospital, Institution, or street address where death occurred: | City or town (If outside city or town limits, write RURAL and give nearest town) |
| How long In hospital or institution? | (If rural, give LOCATION) 2.(a) It veteran, name war. |
| 3. (a) FULL NAME John Granville M. | 3. (b) Social Security Number |
| Male Phile Married Maried | MEDICAL CERTIFICATION 20. BAYE OF DEATH LEGS: 8 19 48 31 12 Kerrin |
| 6.(b) Name of husband or wife Bestha Roonty Myers 6.(c) If alive, give age 6.0 years | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) October 22, 1885 | and that I last saw h |
| 62 10 17hrsmin. | From a chain meda |
| 9. Birthplace (Town, county, and state) 10. Usual occupation. Factory was ken | he to a some |
| 11. Industry or business Canning Company | Due to |
| 12. Name Transhington Maryland 13. Birthplace Maryland | Other conditions (Include pregnancy within 8 months of death) |
| 14. Maiden name Masef Jane Black 15. Birthplace Maselland | Major findings of operations. |
| 16. Intermant Mrs Burtha Mugas | Autopsy results |
| Address language and alley ma (Burial, cremation, or removal, Which?) Address Date thereof Language (Language) (Burial, cremation, or removal, Which?) | 22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide |
| (Burial, cremation, or removal, Which?) Cemetery or crematory (day) (year) (day) (year) | Where did Injury occur? Please Walley, Curroll, Med. (City or town) (County) (State) |
| Location Lasant Valley The | Injured at home farm, industry, public place (where?) Shed as his home. Means of Injury home character injured at work? |
| Address Janey town, Md. | 22 SIGNATURE CLBillingslen In. KO. |
| SEP 9 1948 19 Registrar | Address Western Date signed 9-9-7 |

BINDING FOR RESERVED MARGIN



PLEASE WRITE PLAINL

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH |
|----------|-------|------------|----|--------|

2411 N. Charles St., Baltimore



09394

CERTIFICATE OF DEATH

og. Diat. No. 74

| | 0 | | | | eg. Dist. No | |
|--|---|-----------|---|---|---------------------------------|--|
| 1. PLACE OF D | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| City or town Henry (11 How long in above plant Rospital, institution, Maryland Row long in hospital | or street address when Tuberculos or Institution? | onths, | t: atorium | State Maryland County Worcester City or town Newark (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurnt, give LOCATION) 2.(a) If veleran, name wer. | | |
| 3. (a) FULL NAM | ME Elzie Ni | ichole | | | Social Security Number -09-6156 | |
| 4. Sex | 5. Celer er race | | e, merried, widowed, or divorced | MEDICAL CERTIF | | |
| male | Col. | Sepa | rated | 20. DATE OF DEATH September 6, | | |
| 7. Right date of | d or wife. Wills | | c) If alive, give age 30 yee | 21. I CERTIFY that death occurred on the date above atated; April 12, 10.48 , t and that I last aaw h im alive on September | September 6, 10 / | |
| 8. AGE: Yea | | Days | 1 It less then one day | Immediate cause al death | 45.3 | |
| | 8 11 | 200 | hrs. mi | Fulmonary Tuberculosia | 1948 | |
| 10. Usual occupation 11. Industry or busine | Truck Dr | iver | and ntate) | Other conditions | | |
| | Jennie Ca | nnon | | (Include pregnancy within 3 months of Major findings of operations | | |
| 18. Informant Deceased | | | | Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| Address 17. 9 (Burial, eremation Cometery or crema Location Address September | James Seliali | Dote ther | eoi Sift 10 - 194 (month) (day) (year) | 23. SIGNATURE Rea Rea Toffer | (County) (State) | |
| (Date rec'd by r | | Depu | ty Local Registra | Address Henryton, Maryland | 0 6 10 | |

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406 6

Processing the paper

SEP 8 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

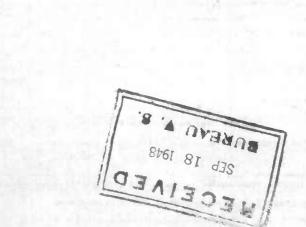
2411 N. Charles St., Baltimore

09305

CERTIFICATE OF DEATH

| 1. PLACE OF DE | EATH: | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) | | |
|------------------------|----------------------|-----------------|---|--|---------------|--|
| County Henr | vton. Mary | land | | State Maryalnd Couply Anne Arundel | | |
| City or town | outside city or town | limits, write h | RURAL and give nearest town) | Do contorm | | |
| How long in above plac | a of death? | Days | | (If outside city or town limits, write RURAL and give nearest town) Sireet No. Laurel Post Office | | |
| Marvland | | | atorium | | | |
| Now long in hospital o | Col | ored Br | anch | (If rural, give LOCATION) | | |
| 3. (a) FULL NAM | | | | 2.(a) It veleran, name war | | |
| o, (a) 1011 | Mamie | Panne | | S. (V) Social Security Hum | uver | |
| 4. Sex | 5. Calor ar race | 8.(a)Sing | e, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Female | Col. | Mar | ried | 20, DATE OF DEATH September 16, 19 48, 21 | 10:20P. | |
| 6.(b) Nama of husband | or wifa Jame | es Perr | У | 21. I CERTIFY that death occurred on the data above stated; that I attanded dacaasad | from | |
| | | R (| c) If aliva, give age47yeere | September), 19 48 September 1 | 5.,. 19.48 | |
| 7. Birth data of | yr.) August | 6 1900 | -> 11 au a, | and that I last saw h er alive on September 16, | 19.48 | |
| deceased (mo., day, | | l Cays | tf less than one day | Immediate cause of death | OURATION | |
| 4 | | 10 | hrs min. | Pulmonary Tuberculosis | December 1947 | |
| s. Sirthplace. Ta | rborb, N. (| Carolina | 3 | Due to | | |
| | | n, eounty, and | atate) | | | |
| 10. Usual occupation. | TYOUS CATT | K | *************************************** | Due to | | |
| 11. Industry or busine | | | | | | |
| | | | | Other conditions | | |
| | N. Carolin | | | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name | Annie Ho | ward | *************************************** | Major findings of operations | | |
| 15. Birthplace | W. Carol | ina | | Date of op. | | |
| | | | | Autopsy results | | |
| | | | Balto17-Md. | PHYSICIAN: Please underline the cause to which death should be charged stati | stically. | |
| Bura | | | 1012+ 19H | VIOLENCE: tf death was due to external causes, fill in the following; | | |
| 17. (Burial, cremation | n, or removal. Which | Bala ther | eoi (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or cremat | / - | bore | senc. | Where did Injury occur? (City or town) (County) (St | ote) | |
| | on c | | | Injured at home, farm, industry, public place (where?) | | |
| Location | 7/ | 1 | 11,0- | Means of Injury thouses | | |
| 18. Funeral director | King | 90 | N Mass | | | |
| Address / O | 100/ | 131 | antity an | 23. SIGNATURE / Ca Con Hoffman, M. D. or of | .D. | |
| 19. September | er 16,1 48 | alle | Local Registrar | Obs. / ve | 16_18 | |
| (Date rec u by r | CRISTIAL! | Deputy | Local Registrar | Augress Date signed J | wwwdeful | |

PERSONAL TRANSPORT OF THE OWNER AND THE OWNE



THE BUILD HER WAS AND RESTRICT

ly every item of information carefully. The correst write the causes of death clearly and legibly.

AS.15M (I) MARGIN I

PLEASE

Sept. 30 (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

09306

CERTIFICATE OF DEATH

| | | Reg. Dist. No. |
|-------------------|----------------------------------|--|
| 2. USUAL RESIDE | NCE (HOME fanta give realdene | OF DECEASED: |
| State Maryland | 1 | County |
| City or town Balt | imoretside city or town I | mits, write RURAL and give nearest town) |
| Street No. 160 | 00 Latrobe | Street |
| | (If rural, | give LOCATION) |

3. (a) FULL NAME

1. PLACE OF DEATH:

Maryland Tuberculosis Sanatorium

CLIMITHON HAWTHORNE POWELL

City or town Henryton, Haryland
(If outside city or town limits, write RURAL and give nearest town)

I months

How tong in hospital or Institution? Colored Branch, Henryton, Md.

Registrar | Address Henryton, Maryland Date signed 0/20/19

3. (b) Social Security Number

| 4, 361 | J. COID! OF FACE | a.(w)aingle, man | rea, widowed, of difforced | MEDICAL CERTIFICATION | DN |
|----------------|------------------|--------------------------------------|--|---|------------------------|
| Male | Col. | Sepa | rated | 20. DATE DF DEATH September 30 | 48 2 7:00 |
| | ••••• | zbeth Powe | ive, give ageyea | 21. I CERTIFY that death occurred on the date above stated; that tatter August 30 19.48 to Sept and that t last saw h im alive on September 30 | ember 30, 48 |
| 8. AGE: Years | Months | Days tf | less than one dayhrsmi | Immediate eause of death Pulmonary Tuberculosis | |
| | | v. S. Carol n. county, and state) | ina | Oue to. | |
| | | | | - | |
| 15. Birthplace | S.Carolin | na | les | Major findings of operations | ор |
| Address 160 | | Street, Ba | ltimore-2-Md. /0/2/48 (month) (day) (year) | PHYSICIAN: Ptesse undertise the cause to which death should be 22. VIOLENCE: If death was due to external causes, fill in the tollowin Accident, suicide, or homicide | charged statistically. |
| Location | lackp | | J.C., | Where did Injury occur? (City or town) (County) Injured at home, tarm, Industry, public place (where?) Msens of Injury Injured at we | |
| Address 4 7 | + m. 12 | intall | Ctreet | The Row YOR | 200. |

S. S.

RECEIVED

OCT 4 1948

BIDEAIL V. S.

| 1. PLACE OF DEATH; | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| County Carsell Co | (Eor newborn infants give reaidence of mother) |
| City or town (If outside city or town limits, write RURAL and give nearest town) | State County County |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest to |
| Hospital, Institution, or street address where death occurred: | Street No. 81 Penns. Que |
| J / Persona Use | (If rural, give LOCATION) |
| How long In hospital or Institution? | 2.(a) If veteran, namo war |
| 3. (a) FULL NAME . Parker Port | 3. (b) Social Security Number |
| 4. Sox 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| 1. W. manil | 11 1. |
| 1 Do Donen | 20. DATE OF DEATH. 19.4.5. 21. |
| 6.(b) Namo of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro |
| 6.(c) If alive, give age year | and that I last saw here alive on Selfat 20 |
| T, Birth date of deceased (mo., day, yr.) Supt. 14 1877 | Immediate cause of death. |
| 8. AGE: Years Month Days It less than one day | Ammeniate Cause of academic and academic and academic aca |
| // 0 7hrsml | n. |
| 9. Birihpiace Ameldonelle Charles Commenter and atate | Due to Nature Melhors 2 |
| 10. Usual occupation 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. | . Continio belerous 3 |
| 11. Industry or business | 000 10 |
| | Dither conditions. |
| 12. Name Livisles Currel Co. Made | |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Sarah S. Harris 15. Birtholace Curroll C. Fred. | Major findings of operations |
| El 15. Birtholace Currett Co. Fina. | — Date of op. |
| 16. Informant An Chileston Held | Autopsy results |
| Address & Persona . ave . [segtmenter) | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, eremation, or removal, Which?) Bate thereof Management (day) (year) | Accident, suicide, or homicide |
| At Cheli Vitte Perit | |
| Cemetery or crematory | Whore did injury occur? (City or town) (County) (Stat |
| Location Mural Man West Musicoler Mrs | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director S. Marsen b. | Means of Injury Injured at work? |
| | |
| Address & Westmusster MA | 23. SIGNATURE CHAO R FOULT, Wa |

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correct age

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MARGIN

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

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eet age

2411 N. Charles St., Baltimore

09308

| CERTIFICA | TE OF DEATH Reg. Dist. No | 16 |
|--|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | 1 |
| City or town Runal Managine Runal give nearest town) | State Md. County Carroll | ····· |
| How long in above place of death? | City or town. (If outside city or town links, write RURAL and give near | rest town) |
| · County Home Story | Street No. (If rural, give LOCATION) | |
| How long in hospital or institution? The Comment of | 2.(a) It veteran, name war | |
| Flossie Rining | n None | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| V. Tanga | 2D. DATE DF DEATH | al |
| 6.(b) Name of husband or wite | 21. I CERTIFY that death occurred on the date above stated; that attended decea | sed from |
| S. Birth date of deceased (mo., day, yr.) About 1863 | and that I last saw h. L. alive on 9-16-48 | 19 |
| 8. AGE: Years Months Days It less than one day | Immediate Jause of death | DURATION 10 L |
| Cool 85 | | *************************************** |
| 9. Birthplace Game (Town, county, and atate) | Due to the first | 62005 |
| 10. Usual occupation | Due to | |
| 12. Name | Other conditions | *************************************** |
| | (Include pregnancy within 3 months of death) | |
| 14. Maiden name 7 of / Constant 15. Birthplace | Major findings of nperations | |
| 8 112 B. K. T. Turned | Autopsy results. | |
| Address Box 167 Westminson M. | PHYSICIAN: Please underline the cause in which death should be charged a | tatistically. |
| (Burial, cremation, or removal, Which?) Date thereof J. J. J. S. 194 % (month) (day) (year) | 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or nomicide | |
| Cemetery or crematory Carroll County Land | | (State) |
| Location Wishminston Mill. | Injured at home, tarm, industry, public place (where?) | |
| 18. Funeral director THB tunkered toon | Means of injury Injured at work? | |
| Address Wedminster, and. | 23, SIGNATURE 2 2 STATE | |
| 19. (Date rec'd by registrar) Registrar | M. D. of | 17/1 |



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9.32

0000.

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother) (If rurel, give LOCATION) 2.(a) If veteran, name war... 3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE OF DEATH. and that I last saw h. see. Immediato cause of death DURATION (Include pregnancy within 3 months of death) Major fiedings of operations..... PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Whers did injury occur?(City or town) Injured at home, farm, industry, public place (where?) Misens of Injury Injured at work?

9-6-48

| 9. Birthplace Co. Co. Town, county, and state) 11. Industry or business 12. Name. Later Co. M. Co. | | | | | JRAL and give | nearest town |
|--|------------------------------------|--|---------------|-----------------|-----------------------------------|-------------------|
| 3. (a) FULL NAME Lesse Poberteon 4. Sex Wholer or race 6. (a) Single, married, widowed, or divorced married 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Nrs. 9. Birthplace. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace Couroll Go. M.d. 14. Maiden name. 15. Birthplace Couroll Go. M.d. 16. Informant. 17. (Burial, cremation, or removel, Which?) Cemetery or crematory. Location 18. Puneral director. 19. Addess Westmins Law. 19. Addess Westmins | How long in all Hospital, Insti | ove place of deat lution, or street | h? | death occurred: | •••• | |
| 4. Sex 5. Color or vace 6. (a) Single, married, widowed, or divorced 7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Churial, cremation, or removel. Which?) 18. Puneral director 19. Location 19. Puneral director 19. Canda and the condition of the condition o | How long'in h | ospital or Institu | llon? | | | **** ************ |
| 8. (b) Name of husband or wife Dela Bakers 7. Birth date of deceased (mo., day, yr.) 700. 1/2 1886 8. AGE: Years Months Days If less than one day hrs. 9. Birthplace. Darroll (Town, county, and state) 11. Industry or business 12. Name. Laborated Co. Mad. 13. Birthplace Carroll Co. Mad. 14. Malden name. Petrocaa Carroll Co. Mad. 15. Birthplace Carroll Co. Mad. 16. Informant Mas. Laborated Co. Mad. 17. Burial, cremation, or removol. Which?) 18. Puneral director Mass. P.D. I. Mad. 19. Puneral director Mass. P.D. I. Mad. 19. Puneral director Mass. P.D. I. Mad. | 3. (a) FUL | L NAME | Less | e op | oberte | ion |
| 8. (b) Name of husband or wife Dela Bakes 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Course (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. Jack Co. Mad. 14. Maiden name. Problem Co. Mad. 15. Birthplace Coursel Co. Mad. 16. Informant. Mad. Dela Co. Mad. 17. (Burial, cremation, or removel. Which?) Cemetery or crematory Ciph Course R.D. I. Mad. 18. Puneral director Man. Address M. M. Address M. M. Address M. M. M. M. Address M. | 4. Sex | | | | | d, or divorced |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Converse (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name January Converse Con | 17 | | 9 | | | |
| 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 6 7 9 19 19 19 19 19 19 19 19 19 19 19 19 1 | 6.(b) Name of | | Del | . / | · Bernet · S. Mari · TT. · · · A. | |
| 8. AGE: Years Months Days If less than one day 6 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | | 7 | | | If alive, give ag | |
| 9. Birthplace Coursellon. 10. Usual occupation. 11. Industry or business 12. Name. Jahren Poberton 13. Birthplace Coursel Co. Mad. 14. Maiden name. Poberca armold 15. Birthplace Coursel Co. Mad. 16. Informant. Madress New Windows R.D. I. Mandard Coursellon 17. Burning Which? 18. Puneral director Mandard R.D. I. Madress Mandard Coursellon 18. Puneral director Mandard R.D. I. Madress Mandard Coursellon 19. Puneral director Mandard R.D. I. Madress Mandard Coursellon 19. Puneral director Mandard R.D. I. Madress Mandard Coursellon 19. Puneral director Mandard R.D. I. Madress Mandard Coursellon 19. Puneral director Mandard R.D. I. Madress Mandard R.D. I. Mandard | | | | | If less than o | |
| 9. Birthplace C. | | 6> | 9 | 24 | hrs | |
| Address new Win down R.D. I. My 17. (Burial, cremation, or removel. Which?) Cemetery or crematory Liph Lucke Milh Ddisal 6 7 Location new Windows S.D. S.D. Address Westminster, Man. Address Westminster, Man. | 12. Name 13. Birth | John place 6 a en name P | rol | 160. | ma | |
| 17. Burial, cremation, or removal. Which?) Cemetery or crematory Piper Caste Milh Dairal 6 T Location Dus Windows S.D. B. A Addess Westminster Man. Add. Add. S. Westminster Milh Dairal. | 16. Informant | | 1 | , | | - vn |
| Location Dus Windows B.D. Location Dus Windows B.D. Location Dus Windows B.D. Location Description of the Address Westminster And Town Address Westminster Commercial Break | Address | I wo h | Vino | | | 1. m |
| 18. Puneral director IVB and and From Add as Westminster, And. | 17 | remation, or rer | novel. Which? | Date there | of Jeff month | (day) (ye |
| Addes Westminster, Mad. | | | | | - | 10162 |
| Add Bas Westminster, Med. | Location | pur k | linds | es B.Y | 2./ | Bol |
| Sest-6 48 EnmesBreet | 18. Puneral | Hector /W/ | Sam | har | Yes | ~ |
| | - | | nim | step | Ma | d. |
| | 19 (Date re | 4-6 | 144 | 6u | au St | Smel |

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PLEASE

VS A15

KGIN RESERVED FOR BINDING

V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/ 09310

Reg. Diat. No. 82

| 1. PLACE OF DEA | F Airz | roll | *************************************** | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County County |
|---|---|---|---|--|
| City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | | | | BATT A SOTT |
| How long in above place | of death? | TO Ae | ars | City or lows (If cotside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or | street address where | death occorred: | | Street No. |
| | 00 000000000000000000000000000000000000 | | 000000000000000000000000000000000000000 | · [(If rural, give LOCATION) |
| How long in hospital or | | *************************************** | *************************************** | 2.(α) If veteran, name war |
| 3. (a) FULL NAME | | SARA | H ANN RUDY | 3. (b) Social Security Number |
| 4. Sex | 5. Color or race | 6.(a)Single | , married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female | White | | ried | 20. DATE OF DEATH Sept 21 1948 of 130 M |
| 6.(b) Name of husband | Edg | gar C. | Rudy | 21/I CERTIFY that death occurred of the date above states: that Lattended deceased from |
| 7. Birth date of deceased (mo., day, ye | T. 2.7 | | If alive, give age | and that I last saw h. L.M. alive on Se for the 1948 |
| 8. AGE: Years 56 | Months 2 | Days 2 | tf less than one day | Immediate cause of death DURATION |
| Car | rroll Co. | Marv | | breast with gluesal |
| 9. Birthplace | | county, and at | atc) | Due Il la standard |
| 10. Usuat occupation | | | | Due to |
| 11. Industry or business | | V | | |
| 12. Name | John W. V | Villia | ms | Dither conditions. |
| 12. Name | I. | Maryla | ind | |
| M | Ruth Ar | nn Mer | ryman | (Include pregnancy within 8 months of death) |
| O 15 Rightniage | | Maryla | | Major findings of operations. |
| Mr. | Edgar C. | Rudv | * | - Date of op |
| 16. Informant | | | | Antopsy results |
| Address | Mt. A | | | |
| | or removal Which?) | Date thereo | 9-24-48 (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemeter y or eremator | Y | | | Where did injury occur? |
| Location Midd. | Letown, Fi | rederi | .ck Co. Md. | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director | , | Y 25 | Waltz | Means of injury Injurge at work? |
| Address | | Winf | ield, Md. | (Vm the Co |
| 19. 9/24 (Dake rec'd by reg | 1948 istrar) | The ! | Registra | 23. SIGNATURE M. D. or other M. Or othe |



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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Ed

Reg. Diat. No.

09311

| 1. PLACE OF DEATH: County Carroll City or town Finksburg RD 1. (If outside eity or town limits, write RURAL and give nearest How long in above place of death? 28 years Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME | Street No. (If outside city or town limits, write RURAL and give nearest town) ROUTE 1 (If rural, give LOCATION) 2.(a) It veteran, name wsr. 3.(b) Social Security Number |
|---|--|
| Felix A. Ru | |
| 4. Sex 5. Color or race 6.(α) Single, married, widowed, or divor | MEDICAL CERTIFICATION |
| male white widowed | 20. DATE OF OEATH September 14 1948 21 3 M M |
| 6.(b) Name of husband or wife Emma Ruff 6.(c) If alive, give age deceased (mo., day, yr.) October 29. 1865 | 21. I CESTLY that death occurred on the date above stated; that I attended deceased from |
| 8. AGE: Yesrs Months Days It less than one day | Quality 4 da |
| 82 10 16hrs. | mia. |
| 9. Birthplace | Other conditions. Date of op. |
| 18. Informant Mrs. Agnes Johnson Address Baltimore, Md. | Actopsy results |
| Address Baltimore, Wd. burial Bate thereof 9/16/48 (Burial, eremation, or removal, Which?) Cemetery or crematory Sandy Mount Cemetery Location Sandy Mount Md. 18. Funeral director Ja Francis Reese Address Westminster Md. | Whers did injury occur? (City or town) (County) (State) Injured st home, farm, industry, public place (where?) |



FOR BINDING

IARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09312 Reg. Dist. No. 74

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|--|---|---|--|--|
| County | State Maryland county Garrett | | | |
| City or town | | | | |
| How long in above place of death? 15 years, 7 months, 22 days | City or town | est town) | | |
| Hospital, institution, or street address where death occurred: | unknown | | | |
| Hospital institution, or street address where death occurred: Springfield State Hospital | Street No. (If rural, give LOCATION) | | | |
| How long in hospital or institution? 15 years, 7 months, 22 days | | <u> </u> | | |
| 3.(a) FULL NAME Camelia Megey SAVAGE | 3. (b) Social Security N | umber | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | | |
| female white widowed | 2D. DATE OF DEATH September 1 19.48 | at 6. p | | |
| unknown | 21. I CERTIFY that death occurred on the date above stated: that I attended decease | | | |
| B,(b) Name of husband or wife unknown | T | 1, 19. 48 | | |
| 7. Birth date of Fohmonar 12 1966 | and that I last saw h. er alive on August 31. | 1048 | | |
| deceased (mo., day, yr.) February 12, 1866 | Immediate cause of death | DURATION | | |
| 8. AGE: Years Months Days If less than one day | broncho-pneumonia | 2 days | | |
| 82 6 19hrsmin. | | variation on the Tragge of South | | |
| 9. 6irthplace Sand Springs, Maryland (Town, county, and atate) | own generalized arteriosclorosis | 15 vear | | |
| 9. Sirthplace | 982.14 | | | |
| 1D, Usual occupation housewife | B | *************************************** | | |
| 11. Industry or business | DUE 10 | | | |
| | Other conditions Maric depressive psychosis | 30 year | | |
| E 12. name | | nation distribute | | |
| | (Include pregnancy within 3 months of death) | | | |
| 14. Maiden name ————— Savage 15. Birthplace Maryland | Major fiedings of operations | | | |
| 15. Birthplace Maryland | Date of op. | | | |
| Hasnital magazie | Autonay results | | | |
| TO THE PARTY OF TH | PHYSICIAN: Please noderline the cause to which death should be charged s | tatistically. | | |
| Address Springfield State Hospital | 22. VIOLENCE: If death was due to external causes, fill in the following: | | | |
| Burial (Burial cremation or reproval, Which?) Bate thereof Selfet 4 / 948 (Burial cremation or reproval, Which?) | Accident, suicide, or homicide | 000*************** | | |
| (Burial, cremation, or removal, which!) | | | | |
| Cemetery or crematory of the Company | Where did injury occur? | (State) | | |
| Location Systemille Md. | Injured at home, farm, Industry, public place (where?) | | | |
| Ostom Yreer | Meens of Injury Injured at work? | | | |
| 18. Funeral director | PLRENE /LLTCHMAN | \wedge | | |
| Address Digs Coville Md, | 23. SIGNATURE Viene Milek mon MI | 3/ | | |
| Defit 4 148 Wany /teer | Springfield State Hosp | 9-1-48 | | |
| 19 | Address | | | |

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SEP 7 1948

BUREAU V. S.

PLEASE

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RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09313

CERTIFICATE OF DEATH

| CERTIFICAT | Reg. Dist. No. |
|--|--|
| X. PLACE OF DEATH: Can Death | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants after residence of mother) |
| County | State Cogaly Call |
| City or town (North spice city or town Ingits, write RURAL and give nearest town) | Kall was |
| How long in above piece of deeth? | (If outside city or town limits, write RURAL and give nearest town) |
| La angla IIII Mall Storing | Street 13 9 4 Wordside are |
| How long in hospitel of pistitution? | (If rural, give LOCATION) (far and) |
| How long in hospitel of stitution? | |
| Mary | 3. (b) Social Security Number |
| 4. Sez 5. Color or rece 6.(a) Single, mayind, widowed, or thronced | MEDICAL CERTIFICATION |
| Harryeld, | 20. DATE OF DEATH. 1948 2 10-55 M |
| 6.(b) Name of husbend or wife yell Allhullale | 21. I CERTIFY that deally occurred on the date above stated: that t attended deceased from |
| 6.(c) If alive, give ege | april 13 1943 10 Juft 27 1941 |
| 7. Birth date of | and that I lest saw h la alise on 119 119 119 119 119 119 119 119 119 11 |
| deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one dey | Immediate cause of death |
| 77 // /7 | |
| Illa Ma Sand | Illegan Hammange Laure |
| 9. Birlhplece | Due to |
| 1D. Usual occupation Wyslinding. | |
| 11. Industry or business | Due to College Hilliam 1 18 mg |
| E 12 Hem Devral Hallyger | Diher conditions |
| 13. Birthplece Of Hermany. | |
| | (Include pregnancy within 3 months of death) |
| | Majur findings of operations. |
| E 15. Birthmack | Date of op. |
| 16. Intermed In Standard In the Standard In th | Autupsy results |
| But I francisco war | 22. VIOLENCE: It death wes due to externel ceuses, fill in the following: |
| (Burial, cremation, or responsal. Which?) | Accident, suicide, or homicide |
| Cemetery or crematory Parkwood | Where did Injury occur? |
| Location Familier aux | Injured at home, farm, Industry, public place (where?) |
| HEENGANN & LON | Means of Injury 1 Injured at work? |
| 18. Funeral director. | VII VI 1 + 8000 |
| Addres 606/ AHRI-ORO, Rd. | 23 SIGNATURE THE MASSIM M. C. |
| 19. (Date fee'd by registrar) 19. (S. A. W. Sodick) Registrar | Address Jyhekulle Mate signed 27/45 |

PLEASE

VS A15

Toorregt age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

09314

CERTIFICATE OF DEATH

eg. Diat. No. 76

| 1. PLACE OF DEATH: County | 2. USUAL RÉSIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
|--|---|
| 3. (a) FULL NAME Shulle | 3. (b) Social Security Number 184-09-3810 |
| 4. Sex male 5. Color or race 6.(a)Single, married, widowed, or divorced Single | MEDICAL CERTIFICATION 20. DATE OF DEATH. Dept. 12 148 1213 Am |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: That I attended deceased from 19 |
| 8. AGE: 28 Years Months Days It less than one day hrsmin. | Immediate cause of death DURATION Tracture Course Vorleties DURATION |
| 9. Birthplace | Due to. Centorishie Occident |
| 11. Industry or business 12. Name Louis Shulley 13. Birthplace Adams Co. Penna. | Dither conditions |
| Bertha Louchbaum 14. Malden name Bertha Co. Penna 15. Birthplace Adams Co. Penna | (Include pregnancy within 3 months of death) Major findings of operations. Date of op. |
| 16. Informant Personal papers Address | Autopsy results |
| Removal (Burial, cremation, or removal, Which?) Cemetery or crematory. Gettysburg, Penna. Location J. Francis Reese 18. Funeral director Address Westminster, Maryland | Where did injury occur? (City or town) (County) (State) Injured at home, Iarm, Industry, public place (where?) 14 b Means of Injury Autoriabile Terrial Or hjured at work? |
| 19. (Date rec's by registrar) 19. Registrar | 23. SIGNATURE TALLIANS No or other 1,2/40 |

BUREAU V. S.

8161 12 1948

BECEINED

2411 N. Charles St., Baltimore

09315

CERTIFICATE OF DEATH

| ===== | | | CERTIFIC | ALE OF DEATH | Reg. Dist | t. No |
|--|--|--------------------------|---|--|---|---------------------------|
| How long In above piac Hospital, institution, o | nryton, Man outside city or town e of death? | months e death occurred | URAL and give nearest town) 18 days : torium :anch Henryton | State Maryland City or town 656 Street No. | E (HOME) OF DECEASED: ts give residence of mother) imore—1—Couoly e city or town limits, write RURAL and BOTGO Street (If rural, give LOCATION) 3. (b) Social | nd give nearest town) |
| | | | LE SMITH | | | |
| 4. Sex Female | | | | | medical certification ptember 4 | |
| 6.(b) Name of husband 7. Birth date of deceased (mo., day, | 27 | | tf alive, give age | ears May 17 and that I last saw her. | curred on the date above stated; that I att 19 48 to September 4 | otember 4 19 48 |
| 8. AGE: Year | s Months | Days | It less than one day | Pulmonary | Tuberculosis | Novembe |
| 2] | 9 | 20 | hrs. | | | 1947 |
| 9. Birthplace | Domestic | th | ryland | | oregnancy within 3 months of death) | |
| 14. Malden name | | | | | | |
| E | Ellicott | | | | ns | |
| 16, Informant Dec | ceased | | dlalas | Autopsy results PHYSICIAN: Please under | rline the cause to which death should b | oe charged statistically. |
| 17. BUNIL (Burial, crematio | tory Mt | Tayl | (month) (day) (year | Where did injury occur? | (City or town) (Counts | |
| 18. Funeral director. Address 9 Septemb | AH | CS all | Jaguer Local Res | Means of Injury 23. SIGNATURE | Cechou Offman. Maryland W | m.D. or other |
| (Date rec'd by r | egistrar) | The | Jeputy Local Reg | trar Address | Dr | ate signed |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct is especially important. Physicians: please write the causes of death clearly and legibly.

A15

PLEASE



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

| 2411 N. Char | rlea St., Baltimore |
|---|---|
| CERTIFICA | TE OF DEATH Reg. Dist. No. 8. |
| 1. PLACE OF DEATH: County Carroll City or town Union Bridge (If outside city or town limits write RURAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State: Maxylaxia County Calkell |
| How long in above place of death? | Cily or town (If outside city or town limits, write ROTAL and give nearest town) Street No. (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veleran, name war. |
| 3. (a) FULL NAME HARRY & Stitely | 3. (b) Social Security Number 218 - 07 - 258/ |
| 4. Sex 5/Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male white widawed | 20. DATE OF DEATH Supt 3 1948 21 8 50 |
| 6.(b) Name of the bend or wife. Edna Dress Stitely. 6.(c) If alive, give age | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Sirth date of deceased (mo., day, yr.) March 15-1870 8. AGE: Years Months Days If less than one day | and that I last saw h. A.M. alive on |
| 78 5 19min. | |
| 9. Birthplace (Town, county, and atate) 10. Usual occupation. | Due 10. |
| 11. Industry or business contrastar | Due 10 |
| 12. Name Stitely 13. 8irthplace Maruland | Dther conditions |
| ≥ 13. Birthplace Maryland | (Include pregnancy within 3 months of death) |
| 14. Maiden name Elles Stitely | Major fiediogs of operations |
| 15. Sirthplace Maryland | major nouses of operations. |
| 16. Informant Mys. In Joyle | Actopsy resolts |
| 0 4 | PHYSICIAN: Please ooderline the cause to which death abould be charged atatistically. |
| Address Baltimore, Ma | 22. VIOLENCE: It death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) | Accident, suicide, or homicide |
| Cemetery or crematory Met User Germetery | Where did injury occur? |
| 18. Funeral director DD Hartales & Source | Means of Injury Injured at work? |
| Addressing Bridge & new Mindger, ma | 23. SIGNATURE). // LOG |
| 19. Sept. 4 1948 / Echman (Dat rec'd by registrar) (Dat rec'd by registrar) | M. D. or other |

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BUREAU V. S.

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| MARYIAN | ID CT | ATE | DEPARTMEN' | LUE | MEALTH |
| THE VALLE OF THE PARTY | \mathbf{u} | 111 | DELANTMEN | UI. | DEALIE |

2411 N. Charles St., Baltimore

09316

CERTIFICATE OF DEATH

| | | | | CERTIFICA | ALE OF DEATH Reg. Dlat. N | vo74 | | |
|--|-------------------------|------------------|------------|---|--|---|--|--|
| 1. PLACE OF DEATH: County Carroll | | | | | 2. USUAI, RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) | | | |
| City or town. Henry ton, Maryland. (If outside city or town fimits, write RURAL and give nearest town) | | | | | State Cambridge County Dorches | State Marylana Couchy Dorchester | | |
| | | | | onths 24 days | Cily or town | Cily or town | | |
| | | sst address when | | | Street No. 51 A Douglas Street | | | |
| | | | | atorium anch,Henryton,Mo | (If rural, give LOCATION) | (If rural, give LOCATION) | | |
| | | stitution?오요큐 | ored bt | anementy come | 2.(a) tf veteran, name war | | | |
| 3. (a) FULI | , NAME | | | | 3. (b) Social Sec | urity Number | | |
| | | LUCII | LE MARY | LEE STREETER | 218-20-8819 | | | |
| 4. Ses | 3 | . Cotor ar race | B.(a)Singi | n, married, widowed, or divorced | MEDICAL CERTIFICATION | N | | |
| Fen | nale | Col. | Sir | ngle | 20. DATE OF DEATH September 21 19/ | 48 at 5:30 A | | |
| | | | | | 21. I CERTIFY that death occurred on the date above stated; that I attended April 28 18.4.7, to Sept | | | |
| 7. Birth date o | | 73 | | e) It aliva, give agey | and that t last saw h er aliva on September 2 | 2] 19 48 | | |
| deceased (m | (o., day, yr.) Years | ebru | lary 18, | 1928 | Immediate cause af death | | | |
| o. AGE: | 20 | 6 | 2 | hrs | Pulmonary Tuberculosis | Februar | | |
| - | | 1 | 1 2 | | 110. | 1947 | | |
| 9. Birthpiace. | Balt | Imore, Town | laryland | tate) | Oue to | | | |
| to. Usual occi | pallon | Factory | Worker | *************************************** | | 400000000000000000000000000000000000000 | | |
| tt. Industry or | | | | | Uve 10 | ********** | | |
| age. | | arles St | reeter | | Other conditions | | | |
| 12. Nama | | ryland | | | | | | |
| | | Jane El | lis | | (Include pregnancy within 3 months of death) | | | |
| 14. Matde 15. Birthp | n name Ma | aryland | | *************************************** | Major findings of aperatians | | | |
| ≥ 15. Birthp | | | | | Oate of op. | | | |
| 16, Informant. | Dece | eased | | | PHYSICIAN: Please underline the cause to which death should be ch | | | |
| Address | | | | 0 | | | | |
| 17. Oate thereof. (Burlal, cremation, or removal. Which?) (ate thereof. (month) (day) (year) | | | | 1 7-23-48 | 22. VtOLENCE: It death was dua to axternal causes, fill in the following; Accidant, suicide, or homicide | | | |
| | | removat. Which | ten | (month) (day) (year) | | *************************************** | | |
| Cemetery or crematory | | | | 1 2 | Whera did Injury occur? | | | |
| Location 2 Land Ma | | | | | Injured al home, tarm, Industry, public place (where?) | | | |
| 18. Funeral director aluna a la | | | | | Means of Injury Injured at work | (7 | | |
| Address Chritewille md | | | | | In a your m. | 6. | | |
| Sont | 27 | 10 | 111 | NA land | 23. SIGNATURE QUILLELS TOTAL T | M. D. or other | | |
| (Date rec | d by regist | 19 48 rer) | Deput | Regists | ar Addrass Henryton, Maryland Cates | igned 9./27./49 | | |

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Salar Sa

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BUREAU V. S.
SEP 22 1948

PLEASE WRITE PLAINLY

VS A15

MARGIN RESERVED FOR BINDING

| MARYLAND | STATE | DEPARTMENT | OF | HEAL |
|----------|-------|------------|----|------|
| | | | | |

2411 N. Charles St., Baltimorn

09317

CERTIFICATE OF DEATH

er Dist No 74

| 1. PLACE OF DEATH: County Carroll | | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (Far rewhere infants give residence of mother) Maryland | | |
|--|---|-----------------------|------------|----------------------------------|---|--------------------------------|-----------------|
| City or fown Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | | | | | Slate County City or town Baltimore-13- (If outside city or town limits, write RURAL and give nearest town) Street No.1051 Harford Avenue (If rural, give LOCATION) | | |
| Maryland | Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryton, Md. | | | | | | |
| 3. (a) FULL N | | titution? | Olea D | ranch, neury con, Mo | - 2.(α) If veleran, name war | | V |
| 3. (a) FULL N | | CLARENCE | STROU | ID | | 3. (b) Social Security | Number |
| 4. Sex | | Cslor or race | | e, married, widowed, or divorced | MEDICAL CE | DTIFICATION | |
| Male | | Col. | Se | eparated | MEDICAL CERTIFICATION September 1 48 20. DATE OF DEATH | | 1:45 A |
| 6,(b) Name of hus | | | | 31 | 21. I CERTIFY that death occurred on the date above August 16. | e stated; that I attended dece | need from |
| 7. Birth date of | | Decem | | e) If alive, give ageyeari | and that I last saw h alive on September 1 19 | | |
| deceased (mo., | | | | | Immediata cause al death | | DURATION |
| 01 2000 | Yeare 28 | Months 8 | Daye 29 | If leee than one day | Pulmonary Tuberculosi | | January 1943 |
| 9. Birthplace | | | | | Due to | | |
| 11. Industry or business 12. Name Clarence Stroud 13. Birthplace Unknown | | | | | Diher conditions | | |
| 14. Malden name Barbara Graves Unknown | | | | | (Include pregnancy within 3 months of death) Major findings of operations | | |
| Deceased 18. Informant Address | | | | | Autopsy results | | |
| | - | al removal, Which? | | (month) (day) (year) | 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide | Date of | |
| Cemetery or crematory TOX Calvarus | | | | W. W.J. | Where did Injusy occur? (City or town) (County) (State) | | |
| Location | | | | | Injured at home, farm, Industry, public place (where?) Misane of injury Injured at work? | | |
| 18. Funeral direct | or((| augr | en | andler | | | |
| Address / / | 112 | E () | PKles | 1171-11 | 23. SIGNATURE REALER AT | Amau, M.D. | or other |
| 19 Sept. (Data rec'd b | y registr | nar) 1948 | Deput | y Local Registrar | | Date signed | 9/1/48 |

BEDARE TO PROPERTY AND SERVICE

RECEIVED

SEP 3 1948

MUREAU V.S.